

Tampa OSHA UPA Disclosure Sheet (Optional)



Establishment Name & Address

Universal City Development Partners, Ltd.

Volcano Bay ; Orlando, FL 32819

UPA Activity #	Received Date	Received by
1461464	Jun 4, 2019 12:34:00 PM	

DATE	ACTION	INITIALS
6/4/19	Rec'd, processed complaint.	(b)(7)(C)
6/4/19	Assigned to (b)(7)(C) thonET 6/11 Possible Union present	CESR
	Contact the Complainant before open the Inspection	CSR
	Open Inspection - Set Complaint via email See email	CSR
6/5/2019	Opened inspection of facility	(b)(7)(C)
6/6/2019	Spoke to Barbara DeWolfe, VP EHS Universal	
6/7/2019	left Msg for (b)(7)(C)	
	(b)(7)(C)	
6/10/2019	left Msg for (b)(7)(C)	
7/11/2019	Review of Corrective Steps taken prior to Meeting with EH	
8/30/2019	Submitted for Review / No Citations (ST) Need Formal Closing	(b)(7)(C)
9/3	Review - Referred to CS/HO for closing	CS/H
9/4/2019	Corrections Complete and Ready for Close	(b)(7)(C)
9/4	Closed - Referred to CS/H for H-Offices	(b)(7)(C)

Perez, Maveline - OSHA

From: Sharpe, Robert (NBCUniversal, Orlando) <Robert.Sharpe@universalorlando.com>
To: Perez, Maveline - OSHA
Sent: Wednesday, June 5, 2019 1:17 PM
Subject: Read: [EXTERNAL] OSHA Complaint No. 1461464

Your message

To:
Subject: OSHA Complaint No. 1461464
Sent: Wednesday, June 5, 2019 5:18:09 PM (UTC+00:00) Monrovia, Reykjavik

was read on Wednesday, June 5, 2019 5:17:14 PM (UTC+00:00) Monrovia, Reykjavik.

Perez, Maveline - OSHA

From: Microsoft Outlook
<MicrosoftExchange329e71ec88ae4615bbc36ab6ce41109e@DOL.GOV>
To: robert.sharpe@universalorlando.com; Carlos.Scheirer@UniversalOrlando.com
Sent: Wednesday, June 5, 2019 12:28 PM
Subject: Relayed: OSHA Complaint No. 1461464

Delivery to these recipients or groups is complete, but no delivery notification was sent by the destination server:

robert.sharpe@universalorlando.com (robert.sharpe@universalorlando.com)

Carlos.Scheirer@UniversalOrlando.com (Carlos.Scheirer@UniversalOrlando.com)

Subject: OSHA Complaint No. 1461464



OSHA Complaint
No. 1461464

Perez, Maveline - OSHA

From: Perez, Maveline - OSHA
Sent: Wednesday, June 5, 2019 12:28 PM
To: Carlos.Scheirer@UniversalOrlando.com; robert.sharpe@universalorlando.com
Subject: OSHA Complaint No. 1461464
Attachments: Universal Orlando Complaint No. 1461464.pdf

Good morning,

Attached is copy of the formal complaint file to us.

Maveline Pérez, MOSH

Assistant Area Director,
Safety/Civil Engineer

OSHA

U.S. Department of Labor
5807 Breckenridge Parkway #A
Tampa, FL 33610

Direct Phn: 813-868-5194

Fax: 813-626-7015

All employers must report:

- All work-related fatalities within 8 hours
- All work-related inpatient hospitalizations, amputations or loss of an eye within 24 hours

OSHA offers On-Site Consultations at no cost!

Preventing Falls in Construction
▲ PLAN. PROVIDE. TRAIN.

Preventing Heat Illness in Outdoor Workers
● WATER. REST. SHADE.

On-Site Consultation

Sign up for the latest news

QuickTakes

OSHA

Please visit www.osha.gov for additional information

(b)(7)(C)

OSHA

From: DeWoody, Barbara (NBCUniversal, Orlando)
<barbara.dewoody@universalorlando.com>
Sent: Friday, July 19, 2019 4:46 PM
To: (b)(7)(C) OSHA
Cc: Hanebrink, John (NBCUniversal, Orlando); Bacchus, Lyndie (NBCUniversal, Orlando); Cox, Yvette (NBCUniversal, Orlando); Grady, Hollis (NBCUniversal, Orlando); Scheirer, Carlos (NBCUniversal, Orlando)
Subject: RE: Universal Orlando Inspection 1406250 - Volcano Bay
Attachments: (b) (4)

(b)(7)(C)

(b) (4)

Barbara M. DeWoody, CSP
Vice President, Environmental, Health & Safety
Universal Parks & Resorts™



1000 Universal Studios Plaza | Orlando, FL 32819

Office: 407.363.8941 | **Cell:** 407.832.7049

universalorlando.com

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From: DeWoody, Barbara (NBCUniversal, Orlando)

Sent: Friday, July 19, 2019 3:23 PM

To: (b)(7)(C) @dol.gov' (b)(7)(C) @dol.gov>

Cc: Hanebrink, John (NBCUniversal, Orlando) <John.Hanebrink@UniversalOrlando.com>; Bacchus, Lyndie (NBCUniversal, Orlando) <Lyndie.Bacchus@universalorlando.com>; Cox, Yvette (NBCUniversal, Orlando) <Yvette.Cox@universalorlando.com> <Yvette.Cox@universalorlando.com>; Grady, Hollis (NBCUniversal, Orlando) <Hollis.Grady@universalorlando.com>; Scheirer, Carlos (NBCUniversal, Orlando) <Carlos.Scheirer@universalorlando.com>

Subject: Universal Orlando Inspection 1406250 - Volcano Bay

(b) (4)

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Universal Parks & Resorts™



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(b)(7)(C)

OSHA

From: DeWoody, Barbara (NBCUniversal, Orlando)
<barbara.dewoody@universalorlando.com>
Sent: Friday, July 19, 2019 3:23 PM
To: (b)(7)(C) - OSHA
Cc: Hanebrink, John (NBCUniversal, Orlando); Bacchus, Lyndie (NBCUniversal, Orlando); Cox, Yvette (NBCUniversal, Orlando); Grady, Hollis (NBCUniversal, Orlando); Scheirer, Carlos (NBCUniversal, Orlando)
Subject: Universal Orlando Inspection 1406250 - Volcano Bay
Attachments: (b) (4)

(b) (4)

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(b)(7)(C) OSHA

From: DeWoody, Barbara (NBCUniversal, Orlando)
<barbara.dewoody@universalorlando.com>
Sent: Monday, July 22, 2019 3:38 PM
To: (b)(7)(C) - OSHA
Cc: Bacchus, Lyndie (NBCUniversal, Orlando); Hanebrink, John (NBCUniversal, Orlando); Cox, Yvette (NBCUniversal, Orlando); Scheirer, Carlos (NBCUniversal, Orlando)
Subject: (b) (4)
Attachments:

(b) (4)

Barbara M. DeWoody, CSP
Vice President, Environmental, Health & Safety
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(b)(7)(C)

OSHA

From: DeWoody, Barbara (NBCUniversal, Orlando)
<barbara.dewoody@universalorlando.com>
Sent: Friday, July 19, 2019 3:23 PM
To: (b)(7)(C) OSHA
Cc: Hanebrink, John (NBCUniversal, Orlando); Bacchus, Lyndie (NBCUniversal, Orlando); Cox, Yvette (NBCUniversal, Orlando); Grady, Hollis (NBCUniversal, Orlando); Scheirer, Carlos (NBCUniversal, Orlando)
Subject: Universal Orlando Inspection 1406250 - Volcano Bay
Attachments:

(b) (4)

(b) (4)

Barbara M. DeWoody, CSP
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(b)(7)(C) - OSHA

From: DeWoody, Barbara (NBCUniversal, Orlando)
<barbara.dewoody@universalorlando.com>
Sent: Wednesday, July 17, 2019 4:24 PM
To: (b)(7)(C) OSHA
Cc: Cox, Yvette (NBCUniversal, Orlando); Scheirer, Carlos (NBCUniversal, Orlando); Bacchus, Lyndie (NBCUniversal, Orlando); Hanebrink, John (NBCUniversal, Orlando)
Subject: Proprietary Letter.pdf
Attachments: Proprietary Letter.pdf

(b)(7)(C)

Wanted to let you know I have returned and will be involved in the Volcano Bay investigation once again. Also, in reviewing my notes, it appears I may not have forwarded UO's "Proprietary Letter" to your attention, please find attached.

Barbara M. DeWoody, CSP
Vice President, Environmental, Health & Safety
Universal Parks & Resorts™



1000 Universal Studios Plaza | Orlando, FL 32819

Office: 407.363.8941 | **Cell:** 407.832.7049
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(b)(7)(C) - OSHA

From: Cox, Yvette (NBCUniversal, Orlando) <Yvette.Cox@universalorlando.com>
Sent: Wednesday, July 3, 2019 6:35 PM
To: (b)(7)(C) OSHA
Subject: Reference Complaint #1461464
Attachments: Universal Orlando - Volcano Bay Investigation Summary Report - June 2, 2019.pdf

See below.

From: Cox, Yvette (NBCUniversal, Orlando)
Sent: Wednesday, July 03, 2019 5:16 PM
To: (b)(7)(C) @dol.gov' (b)(7)(C) @dol.gov
Cc: DeWoody, Barbara (NBCUniversal, Orlando) <barbara.dewoody@universalorlando.com>; Hanebrink, John (NBCUniversal, Orlando) <John.Hanebrink@UniversalOrlando.com>; Bacchus, Lyndie (NBCUniversal, Orlando) <Lyndie.Bacchus@universalorlando.com>; Scheirer, Carlos (NBCUniversal, Orlando) <Carlos.Scheirer@universalorlando.com>
Subject: Reference Complaint #1461464

(b)(7)(C)

Please find attached, UO's Summary Report to be submitted into our case file relating to complaint #1461464. I would also like this email to confirm the closing conference scheduled for **July 11, 2019 @ 10 a.m. in the Volcano Bay Conference Room**. Our Team will arrange access and escort as needed.

Yvette J. Cox, SMS
Asst. Director, Global Construction and Fire Safety | Environmental Health & Safety
Universal Parks and Resorts™



1000 Universal Studios Plaza | Orlando, FL 32819
Office: 407-363-8942 | Cell: 407-312-9143
Yvette.Cox@universalorlando.com

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(b)(7)(C) - OSHA

From: DeWoody, Barbara (NBCUniversal, Orlando)
<barbara.dewoody@universalorlando.com>
Sent: Wednesday, June 12, 2019 5:33 PM
To: (b)(7)(C) OSHA
Cc: Hanebrink, John (NBCUniversal, Orlando); Bacchus, Lyndie (NBCUniversal, Orlando); Cox, Yvette (NBCUniversal, Orlando); Grady, Hollis (NBCUniversal, Orlando)
Subject: RE: Universal Orlando Inspection 1406250 email 2
Attachments: 2019 OSHA Report_Jan 1 to June 12.pdf; April 301s.pdf; February 301s.pdf; January 301s.pdf; June 301s.pdf; March 301s.pdf; May 301s.pdf

Second email containing remaining documents to include the 2019 300 Log and corresponding 301 forms.

Thanks,

Barb

From: DeWoody, Barbara (NBCUniversal, Orlando)
Sent: Wednesday, June 12, 2019 5:31 PM
To: (b)(7)(C) @dol.gov'(b)(7)(C) @dol.gov>
Cc: Hanebrink, John (NBCUniversal, Orlando) <John.Hanebrink@UniversalOrlando.com>; Bacchus, Lyndie (NBCUniversal, Orlando) <Lyndie.Bacchus@universalorlando.com>; Cox, Yvette (NBCUniversal, Orlando) <Yvette.Cox@universalorlando.com> <Yvette.Cox@universalorlando.com>; Grady, Hollis (NBCUniversal, Orlando) <Hollis.Grady@universalorlando.com>
Subject: Universal Orlando Inspection 1406250 email 1

(b) (4)

Barbara M. DeWoody, CSP
Vice President, Environmental, Health & Safety
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Sent: Wednesday, June 12, 2019 5:31 PM
To: (b)(7)(C) OSHA
Cc: Hanebrink, John (NBCUniversal, Orlando); Bacchus, Lyndie (NBCUniversal, Orlando); Cox, Yvette (NBCUniversal, Orlando); Grady, Hollis (NBCUniversal, Orlando)
Subject: Universal Orlando Inspection 1406250 email 1
Attachments:

(b) (4)

(b) (4)

Barbara M. DeWoody, CSP
Vice President, Environmental, Health & Safety
Universal Parks & Resorts™



1000 Universal Studios Plaza | Orlando, FL 32819
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(b)(7)(C) - OSHA

From: DeWoody, Barbara (NBCUniversal, Orlando)
<barbara.dewoody@universalorlando.com>
Sent: Wednesday, June 12, 2019 5:15 PM
To: (b)(7)(C) - OSHA
Subject: RE: Universal Orlando Inspection 1406250

Ok no rush I just wanted to ensure I was not missing anything.

Thanks,

Barb

From: (b)(7)(C) OSHA [mailto:(b)(7)(C) @dol.gov]
Sent: Wednesday, June 12, 2019 5:12 PM
To: DeWoody, Barbara (NBCUniversal, Orlando) <barbara.dewoody@universalorlando.com>
Subject: [EXTERNAL] RE: Universal Orlando Inspection 1406250

Hi Barbara,

I will review my notes and try to have an answer this evening or tomorrow.

Thanks

(b)(7)(C)
Industrial Hygienist
U.S. Department of Labor OSHA/CSHO
Tampa Area Office
(813) 626-1177 Ext (b)(7)(C)



From: DeWoody, Barbara (NBCUniversal, Orlando) <barbara.dewoody@universalorlando.com>
Sent: Wednesday, June 12, 2019 4:23 PM
To: (b)(7)(C) OSHA (b)(7)(C) @dol.gov
Subject: Universal Orlando Inspection 1406250

I am working to get all of the documents to you tonight or at the latest tomorrow am. I am unclear on your document request dated June 7 what your request was for item number 3. Can you please clarify?

Barbara M. DeWoody, CSP
Vice President, Environmental, Health & Safety
Universal Parks & Resorts™



1000 Universal Studios Plaza | Orlando, FL 32819

Office: 407.363.8941 | **Cell:** 407.832.7049

universalorlando.com

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(b)(7)(C) - OSHA

From: DeWoody, Barbara (NBCUniversal, Orlando)
<barbara.dewoody@universalorlando.com>
Sent: Wednesday, June 12, 2019 4:23 PM
To: (b)(7)(C) - OSHA
Subject: Universal Orlando Inspection 1406250

I am working to get all of the documents to you tonight or at the latest tomorrow am. I am unclear on your document request dated June 7 what your request was for item number 3. Can you please clarify?

Barbara M. DeWoody, CSP
Vice President, Environmental, Health & Safety
Universal Parks & Resorts™



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(b)(7)(C)

OSHA

From:

DeWoody, Barbara (NBCUniversal, Orlando)
<barbara.dewoody@universalorlando.com>

Sent:

Thursday, June 6, 2019 6:40 PM

To:

(b)(7)(C) - OSHA

Cc:

Hanebrink, John (NBCUniversal, Orlando); Bacchus, Lyndie (NBCUniversal, Orlando); Scheirer, Carlos (NBCUniversal, Orlando)

Subject:

Attachments:

(b) (4)

(b)(7)(C)

As requested please find below/attached documents/information.

(b) (4)

Barbara M. DeWoody, CSP
Vice President, Environmental, Health & Safety
Universal Parks & Resorts™



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**Bob Sharpe**

Asst. Director, Operations
Volcano Bay
Universal Parks & Resorts
A division of NBCUniversal

1000 Universal Studios Plaza, Orlando, FL 32819-7601
T (407) 817 1059 M (407) 462 2988 robert.sharpe@universalorlando.com
www.universalorlando.com

**LLOYD LOWE**

SENIOR MANAGER

WATER QUALITY, ENVIRONMENTAL AFFAIRS

UNIVERSAL ORLANDO RESORT
1000 UNIVERSAL STUDIOS PLAZA ORLANDO FLORIDA 32819
TEL 407 817 1058 CELL 407 427 6996
lloyd.lowe@universalorlando.com www.universalorlando.com

**CARLOS SCHEIRER**

Sr. DIRECTOR
ENVIRONMENTAL, HEALTH & SAFETY

UNIVERSAL ORLANDO RESORT
1000 UNIVERSAL STUDIOS PLAZA ORLANDO FLORIDA 32819
TEL 407 224 0697 CELL 407 506 8742
carlos.scheirer@universalorlando.com www.universalorlando.com

**Barbara M DeWoody, CSP**

Vice President

Environmental, Health & Safety
Universal Parks & Resorts
A division of NBCUniversal

1000 Universal Studios Plaza, Orlando, FL 32819
T (407) 363 8941 M (407) 832 7049 barbara.dewoody@universalorlando.com
www.nbcuni.com

**TODD ADAMS**

EHS SPECIALIST
ENVIRONMENTAL, HEALTH & SAFETY

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1000 UNIVERSAL STUDIOS PLAZA ORLANDO FLORIDA 32819
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todd.adams@universalorlando.com www.universalorlando.com

**YVETTE COX**

ASSISTANT DIRECTOR

ENVIRONMENTAL HEALTH AND SAFETY

UNIVERSAL ORLANDO RESORT
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TEL 407 363 8942 CELL 407 312 9113
yvette.cox@universalorlando.com www.universalorlando.com

U.S. Department of Labor - Occupational Safety and Health Administration

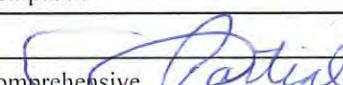
Inspection Report

Wed Aug 28, 2019 09:48:28 AM

RID	CSHO ID	Supervisor ID	Inspection Number	Optional Report Number	Case Closed Date
0420600	(b)(7)(C)	(b)(7)(C)	1406250		

Establishment Name		Universal City Development Partners, Ltd.		Doing Business As (DBA)		Universal Orlando Resort	
Establishment Owner Name	Private Sector		Type of Business	Corporation	Primary NAICS		713110
Site Address	1000 Universal Studios Plaza ORLANDO, FL, 32819		Site Phone		Extn	Site FAX	
Business Address	1000 Universal Studios Plaza ORLANDO, FL, 32819		Business Phone			Business FAX	
Mailing Address	1000 Universal Studios Plaza ORLANDO, FL, 32819		E-mail			Mobile Phone	
Site Activity			NAICS Inspected	713110		Days on Site	1
Federal EIN			DUNs			Temporary or Fixed Site?	
State Estab Id			DUNS plus4			CAGE Code	
Construction Type							

Entry	05-JUN-2019	10:00 AM	First Closing Conference	05-JUN-2019	04:00 PM
Opening Conference	05-JUN-2019	10:45 AM	Second Closing Conference	9/4/2019	12:43 PM
Walkaround	05-JUN-2019	03:45 PM	Exit	05-JUN-2019	04:30 PM

Inspection Initiating Type	Complaint			Secondary Type	
Other Initiating Type				Inspection Category	Safety
Scope of Inspection	Comprehensive			Reason No Inspection	
Sampling Performed?	N	SVEP	N	Expln. for No Insp.	
Federal Strategic Initiatives					
National Emphasis					
Local Emphasis					
Primary Emphasis					

Employed in Establishment	(b) (4)	Walkaround?	N	Advance Notice?	N
Covered By Inspection		Interviewed?	Y	Flag for Follow-up	N
Controlled By Employer		Union?	N	Reason for Follow-up	
Is this Company a current federal contractor?	N				

Parent Company Legal Name				Parent Comp Trade Name/DBA	
Parent Company Address		Phone Number		Extn	
TIN / EIN			DUNS		

CAGE Code	DUNS plus4	
-----------	------------	--

Related Activity			
Activity Number	Activity Type	Satisfied	Establishment Name
1461464	Complaint	Both Safety & Health	Universal City Development Partners, Ltd.
1462896	Complaint	Safety	Universal Orlando

Related Inspections			
Inspection Number	Establishment Name	Related Inspection Type	

Additional Codes			
Type	ID	Value	Description

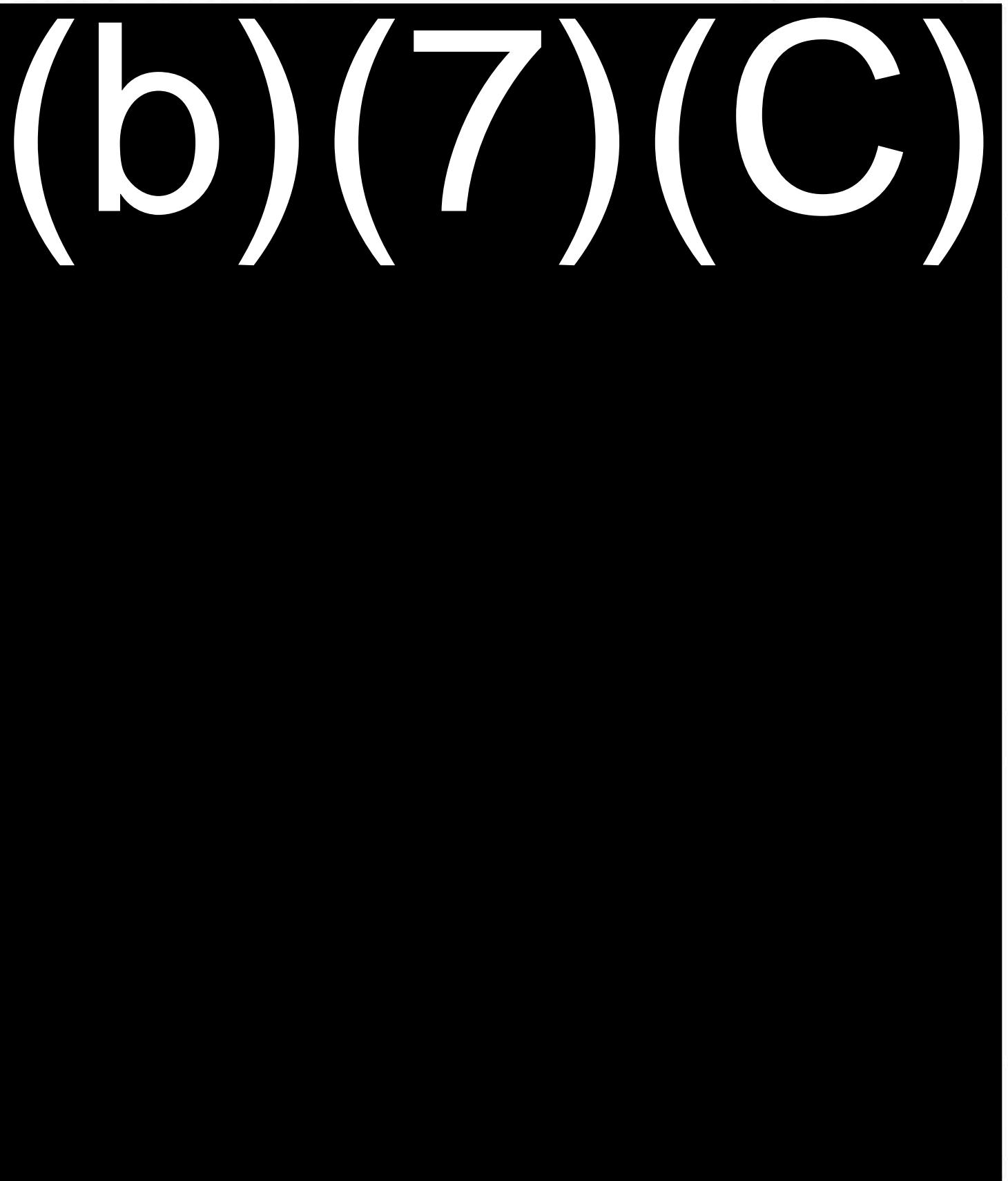
Employer Representatives Contacted						
Name	Job Title		Asst Director Operat	Occupation		
Address	1000 Universal Studio Plaza ORLANDO, FL, 32819		Interviewed?		Y	
Home	Work	407-817-1059	Mobile	(b)(7)(C)	Fax	
Email			Participation		Walk Around, Credentials, Closing Conference, Opening Conference	
Name	Lloyd Lowe	Job Title	Senior Manager	Occupation		
Address	1000 Universal Studios Plaza ORLANDO, FL, 32819		Interviewed?		Y	
Home	Work	407-817-1058	Mobile		Fax	
Email			Participation			
Name	Carlos Scheirer	Job Title	Sr Director EHS	Occupation		
Address	1000 Universal Studio, FL		Interviewed?		Y	
Home	Work	407-224-0697	Mobile		Fax	
Email			Participation		Credentials, Opening Conference	
Name	Barbara DeWoody	Job Title	VP EHS	Occupation		
Address	1000 Universal Parks ORLANDO, FL		Interviewed?		Y	
Home	Work	407-363-8941	Mobile		Fax	
Email			Participation		Walk Around, Credentials, Opening Conference	

Name	(b)(7)(C)	Job Title	(b)(7)(C)	Occupation	
Address	(b)(7)(C)		Interviewed?		Y
Home		Work	(b)(7)(C)	Mobile	Fax
Email				Participation	Walk Around, Credentials, Opening Conference
Name	Yvette Cox	Job Title	Assist Director EHS	Occupation	
Address		1000 Universal Orlando	Interviewed?		Y
Home		Work	407-363-8942	Mobile	Fax
Email				Participation	Walk Around, Credentials, Opening Conference
Name	(b)(7)(C)	Job Title	(b)(7)(C)	Occupation	
Address	(b)(7)(C)		Interviewed?		Y
Home		Work		Mobile	Fax
Email				Participation	Credentials, Opening Conference

Employees Contacted

(b)(7)(C)

(b)(7)(C)



(b)(7)(C)

Penalty Adjustment Factors					
Size Reduction	0%	Good Faith Reduction	0%	History Reduction	0%
Size Justification	System, set it to 0% Number of Employees was changed	Good Faith Justification		History Justification	

CSHO Signature		Date	
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U.S. Department of Labor
Occupational Safety and Health Administration

Notice of Alleged Safety or Health Hazards

Complaint Number	1461464
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Establishment Name	Universal City Development Partners, Ltd.		
Site Address	Volcano Bay Orlando, FL 32819		
	Site Phone		Site FAX
Mailing Address	1000 Universal Studios Plaza Orlando, FL 32819		
Management Official			
Type of Business			
Primary SIC		Primary NAICS	713110 - Amusement and Theme Parks

HAZARD DESCRIPTION/LOCATION. Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.

1. Lifeguards have been receiving electric shocks in the vicinity of the pools and rivers, including the decks.

Source 1			
<i>Has this condition been brought to the attention of:</i>			
<i>Please indicate Your Desire to Reveal Source:</i>		No	
<i>The Undersigned believes that a violation of an Occupational Safety or Health Standard exists which is a job safety or health hazard at the establishment named on this form</i>		(Mark "X" in ONE) <input type="checkbox"/> Employee <input type="checkbox"/> Federal Safety and Health Committee <input type="checkbox"/> Representative of Employees <input type="checkbox"/> Other (specify)	
<i>Complainant Name</i>	(b)(7)(C)	<i>Telephone</i>	(b)(7)(C)
<i>Complainant Address</i>		(b)(7)(C)	
<i>Complainant E-mail Address</i>		(b)(7)(C)	
<i>Send UPA Results?</i>	Yes	<i>If no UPA results sent, why?</i>	
<i>Signature</i>		<i>Date</i>	

If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:

<i>Organization Name:</i>	<i>Your Title:</i>
---------------------------	--------------------

Source 2			
<i>Has this condition been brought to the attention of:</i>			
<i>Please indicate Your Desire to Reveal Source:</i>		No	
<i>The Undersigned believes that a violation of an Occupational Safety or Health Standard exists which is a job safety or health hazard at the establishment named on this form</i>		(Mark "X" in ONE) <input type="checkbox"/> Employee <input type="checkbox"/> Federal Safety and Health Committee <input type="checkbox"/> Representative of Employees <input type="checkbox"/> Other (specify)	
<i>Complainant Name</i>	(b)(7)(C)	<i>Telephone</i>	(b)(7)(C)
<i>Complainant Address</i>		(b)(7)(C)	
<i>Complainant E-mail Address</i>		(b)(7)(C)	
<i>Send UPA Results?</i>	Yes	<i>If no UPA results sent, why?</i>	
<i>Signature</i>		<i>Date</i>	

If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:

<i>Organization Name:</i>	<i>Your Title:</i>
---------------------------	--------------------

Source 3			
<i>Has this condition been brought to the attention of:</i>		Employer	
<i>Please indicate Your Desire to Reveal Source:</i>		No	

The Undersigned believes that a violation of an Occupational Safety or Health Standard exists which is a job safety or health hazard at the establishment named on this form

(Mark "X" in ONE)

Employee Federal Safety and Health Committee
 Representative of Employees Other (specify)

Complainant Name

(b)(7)(C)

Telephone

(b)(7)(C)

Complainant Address

(b)(7)(C)

Complainant E-mail Address

(b)(7)(C)

Send UPA Results?

Yes

*If no UPA results sent,
why?*

Signature

Date

If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:

Organization Name:

Your Title:

OFFICIAL USE ONLY:

Reporting ID	0420600
--------------	---------

Receipt Information	Received By humphreville.matt hew	Send OSHA-7? Yes No	Date: 06/04/2019 Time: 12:34 PM	CSHO Assigned (b)(7)(C)	Supervisor(s) Assigned (b)(7)(C)
Receipt Type	Online	Electronic Complaint Number			31590592, 31594932, 31602512

Industry & Ownership	Primary NAICS	713110 - Amusement and Theme Parks	Ownership	Private Sector
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Complaint Evaluation	Evaluated By		Subject	Severity
	Is this a Valid Complaint?		Yes	
	Formality	Formal	Safety Health	Serious
	Migrant Farmworker Camp? (Mark X if applicable)		Discrimination	No

Complaint Actions					
Action Date	Action Type	Date Response Due	Communication Method	Type of Letter/Reason	Other – Status
06/04/2019	Valid = Y				
06/04/2019	Contact with Source	06/11/2019	Email Letter	Awaiting Signature/Send OSHA7	
06/04/2019	Contact with Source	06/11/2019	Phone Discussion	Acknowledgement-Receipt of Complaint	
06/04/2019	Do Inspection = Y			Valid Formal Complaint Submitted	

Complaint Responses				
Date Response Received	Type Response Received	Evaluation	Evaluated By	Other

Transfer to (Name)	Transfer Date
Transfer to Category	

Strategic Initiatives	
National Emphasis	
Local/State Emphasis	

Additional Codes			
Type	ID	Value	Description

Close Complaint	
-----------------	--



NATURE / SCOPE / HISTORY:

On 6/5/2019 this OSHA inspection of Universal Resorts Orlando was opened and conducted with OSHA Complaint # 1461464 which stated On or about 6/2/2019 employee(s) / Lifeguards have been receiving electric shocks in the vicinity of the pools and rivers, including the decks. 5 Life guards were transported to hospital and released the same day for observation.

OPENING CONFERENCE NOTES:

On 6/5/2019 CSHO conducted the opening conference with employer representatives Mr. Bob Sharpe (Assistant Director of Operations) Mr. Lloyd Lowe (Senior Manager Water Quality) Mr. Carlos Scheirer (Sr. Director EHS) Ms. Barbara M. DeWoody (Vice President EHS)(b)(7)(C) [REDACTED] and Mr. Mark Peffer (Vice President Engineering and Safety). CSHO explained the nature and scope of the inspection related to complaint # 1461464

COVERAGE INFORMATION:

Universal Resorts Orlando affects interstate commerce in that they use industrial equipment trucks, tools such as aerial lifts, computers which are transport across state lines.

WALKAROUND & PROCESS INFORMATION:

On 6/5/2019 at the Orlando site CSHO conducted pre walk around interviews with employer representatives including the nature of the complaint # 1461464 which stated that employees at the Orlando site were experiencing electrical shocks in and around the Volcano Bay pools, river and walking surfaces.

CSHO conducted interviews and walk at the site to establish including but not limited to employer / employee relationship ie.. (is the worker a Contract employee, temporary employer, independent contractor or sole proprietor etc..) as well as if the worker's hazard exposure a OSHA regulated hazard, the employer's knowledge of the exposure to the hazard, possible violations and finally established a feasible abatement and time to complete abatement. CSHO walk around findings for all of the above are chronicled below.

Employer:

Universal City Development Partners LLC DBA Universal Resorts Orlando Resorts has (b) (4) employees in Orlando and (b) (4) employees worldwide. At the Orlando site; Employer representative Mark Peffer (Vice President Engineering and Safety) stated that on Sunday 6/2/2019 that he was not on site but began to receive text messages and or emails concerning technicians quarantined the walking surfaces around the Whakawaiwai Eats (restaurant) inside of the resort because quest / visitors of the park complained to a lead Life Guard that something didn't feel right they were feeling a tingling / shock while walking (on wet surface) near the restaurant. Mr. Peffer stated that his technicians had measured small voltages in and around the area 20-30 volts on the equipment, ground / sidewalk in the Whakawaiwai and park perimeter area.

Exposure:

On or about 6/2/2019 a life guard (b)(7)(C) was on duty at the site and reported to lead Life Guard (b)(7)(C) that he experienced shocking / tingling while standing in 2 inch deep water at the pool (**Taniwha Bottoms**) which is a receiving pool area for 4 slides that end into the pool area. And that another Life Guard came from Teawa (**Lazy River**) Area and said that they experienced tingling sensation and the same day. At that point Mr. Peffer stated that he decided to close the park.

Mark Peffer (Vice President Engineering and Safety) stated that on 6/2/2019 they found at their facility the (T6) transformer, which is owned by Orlando Utility Commission, has a 12,470 Volt Delta primary and the Y secondary side is 480V line to line and 270V Line to neutral which travels 400 feet under (park) ground to Volcano Bay mechanical room 3KV breaker. He stated that Universal Resorts ownership begins at the bolts of the secondary side of the transformer. The configuration of the circuit(s) 36 total wires running underground to the Volcano in that 9 conduits each has circuit 36 (750 mcm) wires (4Xs A,B,C Phase and a Neutral (Line to Line 480V Line to N is 270V). Mr. Peffer stated that their trouble shooting efforts revealed that 1 (A phase) wire was isolated, using continuity and resistance testing, and determined to be causing a short circuit to earth ground and energizing the ground beneath and around the pool(s) and Whakawaiwai Eats restaurant. Mr. Peffer stated that no more stray voltages could be measured after the 4Xs A,B,C Phase and a Neutral (Line to Line 480V Line to N is 270V) were disconnected and that they (Universal Resorts) had not determined how or what manner would be used to decommission these circuits.

CSHO interviewed and/or spoke with Life Guards, Technicians such as but not limited to [REDACTED]

(b)(7)(C)

Knowledge:

On 6/4/2019 CSHO interviewed employer representatives Mr. Bob Sharpe (Assistant Director of Operations) Mr. Lloyd Lowe (Senior Manager Water Quality) Mr. Carlos Scheirer (Sr. Director EHS) Ms. Barbara M. DeWoody (Vice President EHS) (b)(7)(C) and Mr. Mark Peffer (Vice President Engineering and Safety). Additionally interviewed employee (b)(7)(C)

On or about **Sunday 6/2/2019 (The 1st day of the exposure)** The initial complaint(s) were communicated to the employer(s) representatives either by visitors walking on wet sidewalk or the Life Guards on duty in and around the Taniwha Tubes (4 Slide) pools and/or the Teawa Lazy river. Employer Ms. Barbara M. DeWoody (Vice President EHS) stated that they reacted to the complaints and out of caution 5 Life Guards were transported to area hospitals for treatment and/or observation (Same Day). CSHO did not observe or receive any information which indicated that employer had prior knowledge of possible hazardous conditions. On **6/7/2019** CSHO conducted follow up (phone) interview with Ms. Barbara M. DeWoody (Vice President EHS). She stated that 3rd party inspections and troubleshooting verifications were being conducted by City of Orlando to verify NEC compliance such as Disconnects and Circuit balance Also **William Gnan Engineering** would be working with internal engineers to verify calculations.



Possible Violation of Standard(s);

Transformer # 6 (Volcano Bay)

Employer stated that during construction of Volcano Bay a grounding rod was inadvertently driven through electrical conduit damaging outer sheath of electrical wiring causing contact in ground sending electrical current through the ground. Subsequently wet, ground surfaces and water were energized.

Transformer # 9 (Taniwah Tubes)

Employer stated that during construction of Taniwah Tubes (splash down pool) A wire located at the main breaker was found to go through a junction box that was not identified on the Universal Drawings and a connector inside the junction box was damaged causing the line to short to ground.

TBD..... 29CFR 1910.269

Abatement / Corrective step(s);

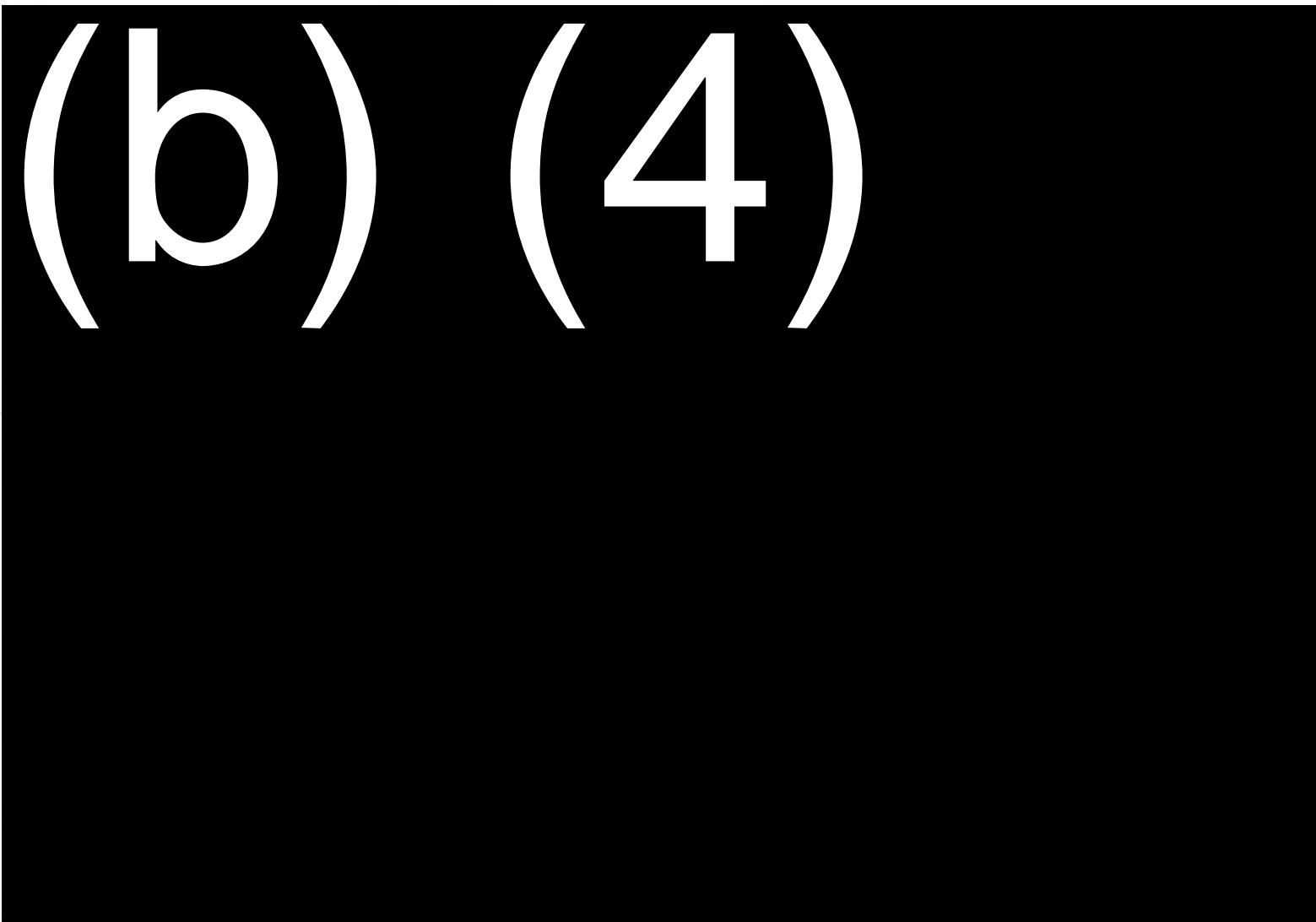
Submitted signed statement from employer attached in casefile

Transformer # 6 (Volcano Bay)..... Excavation, replace, repair and removed equipment. Inspected by city of Orlando and excavation was closed.

Transformer # 9 (Taniwah Tubes) Service Completed



(b) (4)

A large black rectangular redaction box covers the majority of the page content below the header.

Additional Investigative Findings

6/13/2019 CSHO returned to site for interviews of life guards, electrical techs and engineers. There were no additional reports of electrical shocks after disconnect of the 4 (750 mcm) wires (4Xs A,B,C Phase and a Neutral where Line to Line 480V Line to N is 270V).

6/13/2019 CSHO Interviewed employees after corrective measures taken by employer to remove electrical hazards from *Taniwha Tubes pool(s) which had been closed and on a different transformer (T9) which was been identified by engineer(s) (b)(7)(C)* [REDACTED] who stated that and that this *Taniwha Tubes pool would remain closed and all underground circuits under and around this pool are Mega tested (480v, 1000V Min 2M Ohm...*
Tracking anything measuring below 10 MOhm

7/11/2019 CSHO Interviewed employees after Service Completed at Transformers # 6 and #9

(b) (7)(D)





Inspection
Narrative

Employer's Occupational Safety and Health Program:

General Industry	(yes)	(no)	(N/A)	Comments:
Safety & Health Program in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Monitoring?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Medical Surveillance?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Education and Training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Record Keeping?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Compliance Programs (PPE, Engineering Controls, emergency procedures)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
*Personal Hygiene Facilities Practices?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
*Required by OSHA?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
*Required by OSHA health standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
*Were deficiencies noted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Labeling and Posting?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Hazard Communication Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Exit Route?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Alternate Route in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

CLOSING CONFERENCE NOTES:

Closing conference To Be Conducted

No Violations Observed	<input type="checkbox"/>	Comments:
Gave Copy of FOIA Act	<input checked="" type="checkbox"/>	
Reviewed Hazards & Standards	<input checked="" type="checkbox"/>	
Offered Abatement Assistance	<input checked="" type="checkbox"/>	
Gave Copy of OSHA 3000	<input checked="" type="checkbox"/>	
Discussed OSHA 3000	<input checked="" type="checkbox"/>	
Encouraged Informal Conference	<input checked="" type="checkbox"/>	



Inspection
Narrative

Discussed Consultation Program	<input checked="" type="checkbox"/>	
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Recommended Citations

No citations recommended (Employer had no prior knowledge of hazard)

CSHO Signature

Date



UNIVERSAL STUDIOS
1000 UNIVERSAL STUDIOS PLAZA ORLANDO FLORIDA 32819 TEL 407 224 8029 FAX 407 363 8390

July 2, 2019

Carlos Scheirer
Senior Director EHS
UNIVERSAL ORLANDO
1000 Universal Studios Plaza
Orlando, FL 32819-7601

Subject: OSHA Investigation Summary Report

Reference: Complaint # 1461464

To: (b)(7)(C) ;SHO Inspector

Inspector Dula,

In response to your request, below, please find Universal Orlando's investigation summary report.

If you or your office have any further requests or concerns, please feel free to contact me or my office directly.

Respectfully,

A handwritten signature in blue ink that reads "Carlos Scheirer".

Carlos Scheirer
Universal Orlando
Senior Director Environmental Health and Safety
Office: 407.224.0697
Email: Carlos.Scheirer@UniversalOrlando.com

(b) (4)

(b) (4)

(b) (4)

(b) (4)



UNIVERSAL STUDIOS
1000 UNIVERSAL STUDIOS PLAZA ORLANDO FLORIDA 32819 TEL 407 224 8029 FAX 407 363 8390

July 2, 2019

Carlos Scheirer
Senior. Director EHS
UNIVERSAL ORLANDO
1000 Universal Studios Plaza
Orlando, FL 32819-7601

* Carlos Scheirer

(b)(7)(C)

Subject: OSHA Investigation Summary Report

Reference: Complaint # 1461464

To: (b)(7)(C) CSHO Inspector

Inspector Dula,

In response to your request, below, please find Universal Orlando's investigation summary report.

If you or your office have any further requests or concerns, please feel free to contact me or my office directly.

Respectfully,

Carlos Scheirer

Carlos Scheirer
Universal Orlando
Senior. Director Environmental Health and Safety
Office: 407.224.0697
Email: Carlos.Scheirer@UniversalOrlando.com

(b) (4)

(b) (4)

(b) (4)

(b) (4)

(b)(7)(C)

- OSHA

Recept 1461464
1461464

From: Complaint@dol.gov
Sent: Thursday, June 13, 2019 7:13 PM
To: OSHA - Complaints - TAMPA (F101)
Subject: 31602512 EMPLOYEE COMPLAINT

(b)(7)(C)

6/14/19 @ 8:15am
Explained issue was being investigated
Added contact info to original WPA

C/S after 3:15.

within 5 working days of 13-JUN-19.

Below is the complaint information

=====

FLORIDA

Tampa Area Office
5807 Breckenridge Parkway, Suite A
Tampa, Florida 33610
(813) 626-1177
(813) 626-7015 FAX

Establishment Name: Universal Studios Orlando
Site Street: 6000 Universal Blvd
Site City: Orlando
Site State: Florida
Site Zip: 32819

Management Official: Taissa Lind
Telephone Number: 4072229367
Type of Business: Waterpark

Hazard Description:

Rec'd
JUN 14 2019

Currently, at Taniwha Tubes, there have been multiple reports, including myself, of possible electrocution. I believe possibly 15+ people have at least had tingling sensations in their legs.

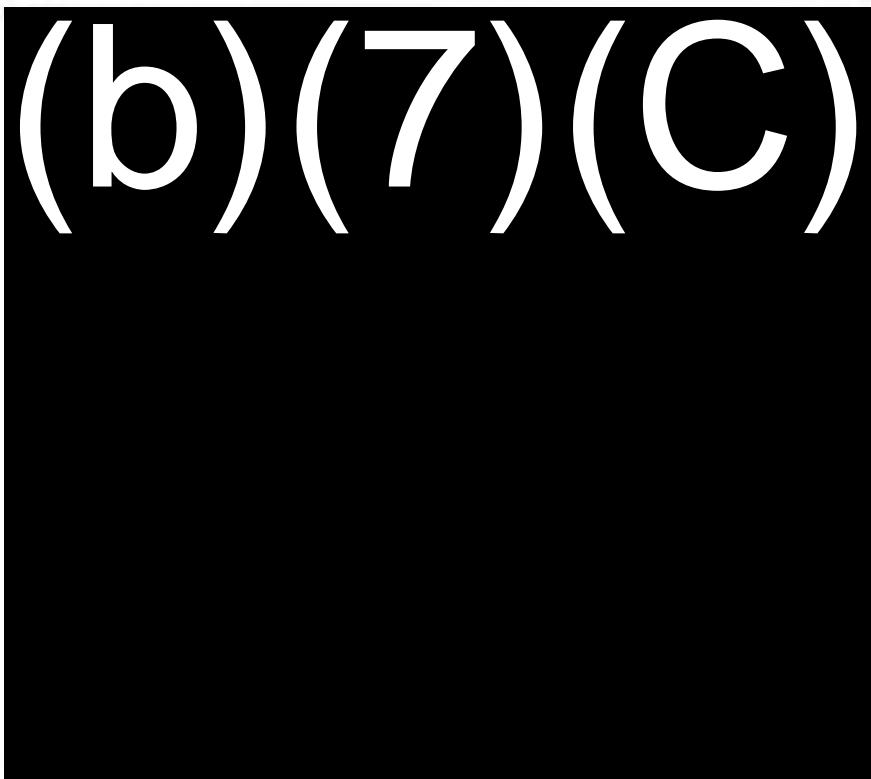
Hazard Location:

Taniwha Tubes

This condition has previously been brought to the attention of:

* The employer

(b)(7)(C)



(b)(7)(C)

OSHA

From: OSHA - Complaints - TAMPA (F101)
Sent: Monday, June 10, 2019 9:29 AM
To: (b)(7)(C) - OSHA
Subject: FW: OAH
Attachments: VoiceMessage.wav

Importance: High

From: OSHA - Jacksonville Area Office <Jacksonville.OSHA@DOL.GOV>
Sent: Tuesday, June 4, 2019 3:20 PM
To: OSHA - Tampa Area Office <Tampa.OSHA@DOL.GOV>
Subject: FW: OAH
Importance: High

The establishment, Universal Orlando Volcano Bay is in your area of jurisdiction.

I was unable to contact the complainant because her voice message box is full.

From: DOLNCC <dol-ncc@dolncc.dol.gov>
Sent: Tuesday, June 4, 2019 10:02 AM
To: OSHA - Complaints - JACKSONVILLE (F137) <Complaints.F137@dol.gov>
Subject: OAH

Hello,

The Department of Labor National Contact Center (DOL-NCC) which operates the OSHA toll-free telephone service (1-800-321-OSHA) has received an after business hours inquiry which took place within your jurisdiction.

Attached is the transcript providing detailed information of a call received about an Occupational Safety & Health related concern. The transcript was produced from information left on a voicemail box from the customer calling to report their OSHA concern. The DOL-NCC has produced this transcript for your records and to take action if you deem necessary.

For immediate assistance with problems or for help in sending the transcript to another office or jurisdiction, please contact the DOL-NCC by calling the OSHA toll-free telephone number at 1-800-321-6742 during the hours of 4:30pm to 8:00am.

When contacting the DOL-NCC about a particular transcript, please provide a detailed description about your inquiry so that we may provide you with an informed response. Please refer all other inquiries to your OSHA Regional Coordinator.

Thank you for your time and assistance with regards to this inquiry.

The caller selected option:	Life Threatening		Actual Call Type:	Hazardous Complaint
Transcript # 01702949	Date/Time Received – Mailbox	6/3/2019 8:36 PM	Date/Time Retrieved from Mailbox	6/3/2019 9:07 PM
Establishment Name:	Universal Orlando Volcano Bay			
Establishment Address:	6300 Universal Blvd Satsuma, FL32189			
Establishment Phone #:				
Caller's Contact Information – Potential Privacy Data				
Caller's Name:	(b)(7)(C)			
Caller's Phone#:				
Caller Provided Narrative:				
<p>Summary: The caller is reporting that there is an electrical current that has sent 6 employees and several guests to the hospital in the past few days. Management has failed to do anything. People are feeling sick. The employees feel unsafe.</p>				
Workplace or Caller's Zip Code:	32189	OSHA Reporting ID:		
Date/Time referred to OSHA:		Immediate referral: No	OSHA Office:	Jacksonville OSHA
Referred to CSHO:			OSHA Phone #:	
Transcriber Name:	(b)(7)(C)	Special Considerations:		
Action: Will forward to local OSHA office.				

Contacted Authorities

Contact Date/Time (EST)	Contact Name/Phone	Contact Comment	Made Contact?
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UPA 146789

(b)(7)(C)

OSHA

From: Complaint@dol.gov
Sent: Thursday, June 6, 2019 9:50 PM
To: OSHA - Complaints - TAMPA (F101)
Subject: 31594932 EMPLOYEE COMPLAINT

(b)(7)(C)

within 5 working days of 06-JUN-19.

Below is the complaint information

=====

FLORIDA

Tampa Area Office
5807 Breckenridge Parkway, Suite A
Tampa, Florida 33610
(813) 626-1177
(813) 626-7015 FAX

Establishment Name: Universal's Volcano Bay
Site Street: 6300 Universal Blvd.
Site City: Orlando
Site State: Florida
Site Zip: 32819
Type of Business: Theme park

Rec'd by
JUN - 7 2019

Hazard Description:

Electrical hazards in and out of the water at the theme park. Several employees have been electrocuted along with guests. Universal says they've fixed it but it occurred again after they claimed to fix it.

146789

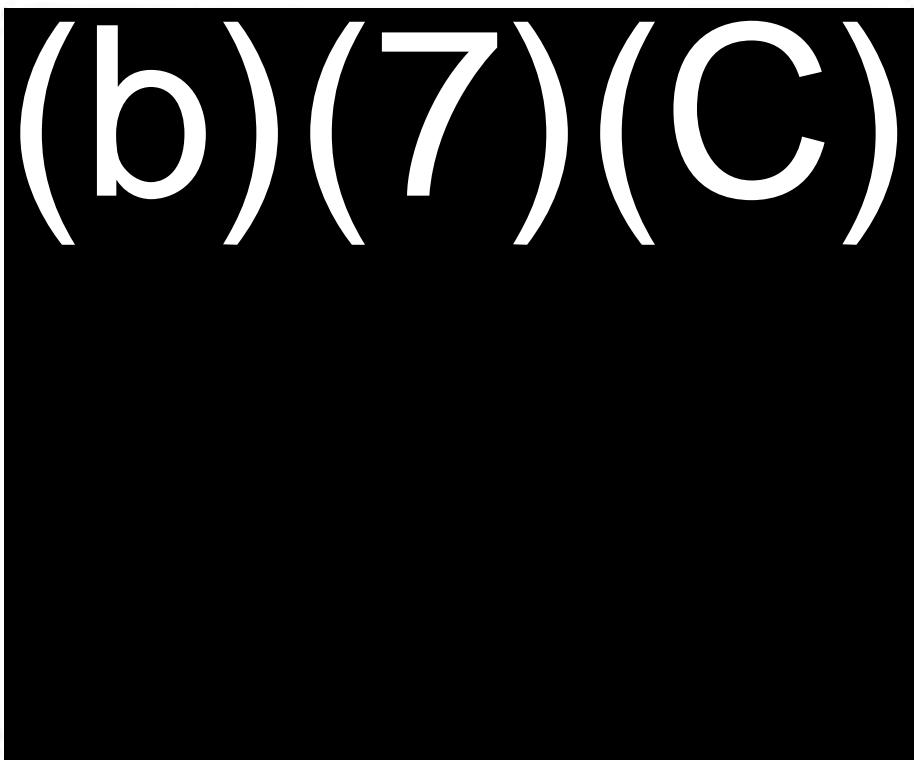
Hazard Location:

In the lazy river, fast river, catch pools of several rides, several walkways, and the rollercoaster.

This condition has previously been brought to the attention of:

- * The employer

(b)(7)(C)



U.S. Department of Labor
Occupational Safety and Health Administration

Notice of Alleged Safety or Health Hazards

Complaint Number	1462896
------------------	---------

Establishment Name	Universal Orlando		
Site Address	1000 Universal Studios Plaza Orlando, FL 32819		
	Site Phone	Site FAX	
Mailing Address	1000 Universal Studios Plaza Orlando, FL 32819		
Management Official	Telephone		
Type of Business			
Primary SIC	Primary NAICS	713110 - Amusement and Theme Parks	

HAZARD DESCRIPTION/LOCATION. Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.

1. Inspection is already open UPA 1461464.

**Bob Sharpe**

Asst. Director, Operations
Volcano Bay

Universal Parks & Resorts
A division of NBCUniversal

1000 Universal Studios Plaza, Orlando, FL 32819-7601
T (407) 817 1059 M (407) 462 2988 robert.sharpe@universalorlando.com
www.universalorlando.com

**LLOYD LOWE**

SENIOR MANAGER

WATER QUALITY, ENVIRONMENTAL AFFAIRS

UNIVERSAL ORLANDO RESORT
1000 UNIVERSAL STUDIOS PLAZA ORLANDO FLORIDA 32819
TEL 407 817 1058 CELL 407 427 6996
lloyd.lowe@universalorlando.com www.universalorlando.com

**CARLOS SCHEIRER**

SR. DIRECTOR
ENVIRONMENTAL, HEALTH & SAFETY

UNIVERSAL ORLANDO RESORT
1000 UNIVERSAL STUDIOS PLAZA ORLANDO FLORIDA 32819
TEL 407 224 0697 CELL 407 506 8742
carlos.scheirer@universalorlando.com www.universalorlando.com

**Barbara M DeWoody, CSP**

Vice President

Environmental, Health & Safety

Universal Parks & Resorts

A division of NBCUniversal

1000 Universal Studios Plaza, Orlando, FL 32819
T (407) 363 8941 M (407) 832 7049 barbara.dewoody@universalorlando.com
www.nbcuni.com

**(b)(7)(C)**

UNIVERSAL ORLANDO RESORT
1000 UNIVERSAL STUDIOS PLAZA ORLANDO FLORIDA 32819
TEL (b)(7)(C) CELL (b)(7)(C)
www.universalorlando.com

**YVETTE COX**

ASSISTANT DIRECTOR

ENVIRONMENTAL HEALTH AND SAFETY

UNIVERSAL ORLANDO RESORT
1000 UNIVERSAL STUDIOS PLAZA ORLANDO FLORIDA 32819
TEL 407 363 8942 CELL 407 312 9143
www.universalorlando.com www.universalorlando.com

U.S. Department of Labor - Occupational Safety and Health Administration

Inspection Report

Wed Aug 28, 2019 09:48:28 AM

RID	CSHO ID	Supervisor ID	Inspection Number	Optional Report Number	Case Closed Date
0420600	(b)(7)(C)	(b)(7)(C)	1406250		

Establishment Name	Universal City Development Partners, Ltd.		Doing Business As (DBA)		Universal Orlando Resort	
Establishment Owner Name	Private Sector		Type of Business	Corporation	Primary NAICS	
Site Address	1000 Universal Studios Plaza ORLANDO, FL, 32819	Site Phone		Extn	Site FAX	
Business Address	1000 Universal Studios Plaza ORLANDO, FL, 32819	Business Phone			Business FAX	
Mailing Address	1000 Universal Studios Plaza ORLANDO, FL, 32819	E-mail			Mobile Phone	
Site Activity		NAICS Inspected	713110	Days on Site	1	
Federal EIN		DUNs		Temporary or Fixed Site?		
State Estab Id		DUNS plus4		CAGE Code		
Construction Type						

Entry	05-JUN-2019	10:00 AM	First Closing Conference	05-JUN-2019	04:00 PM
Opening Conference	05-JUN-2019	10:45 AM	Second Closing Conference	9/4/2019	12:43 PM
Walkaround	05-JUN-2019	03:45 PM	Exit	05-JUN-2019	04:30 PM

Inspection Initiating Type	Complaint		Secondary Type	
Other Initiating Type	<i>Partial</i>		Inspection Category	Safety
Scope of Inspection	Comprehensive		Reason No Inspection	
Sampling Performed?	N	SVEP	N	Expln. for No Insp.
Federal Strategic Initiatives				
National Emphasis				
Local Emphasis				
Primary Emphasis				

Employed in Establishment	(b) (4)	Walkaround?	N	Advance Notice?	N
Covered By Inspection		Interviewed?	Y	Flag for Follow-up	N
Controlled By Employer		Union?	N	Reason for Follow-up	
Is this Company a current federal contractor?		N			

Parent Company Legal Name			Parent Comp Trade Name/DBA		
Parent Company Address			Phone Number		
TIN / EIN			DUNS		

CAGE Code	DUNS plus4
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Related Activity			
Activity Number	Activity Type	Satisfied	Establishment Name
1461464	Complaint	Both Safety & Health	Universal City Development Partners, Ltd.
1462896	Complaint	Safety	Universal Orlando

Related Inspections		
Inspection Number	Establishment Name	Related Inspection Type

Additional Codes			
Type	ID	Value	Description

Employer Representatives Contacted						
Name	Bob Sharpe		Job Title	Asst Director Operat	Occupation	
Address	1000 Universal Studio Plaza ORLANDO, FL, 32819		Interviewed?	Y		
Home	Work 407-817-1059		Mobile (b)(7)(C)	Fax		
Email			Participation	Walk Around, Credentials, Closing Conference, Opening Conference		
Name	Lloyd Lowe		Job Title	Senior Manager	Occupation	
Address	1000 Universal Studios Plaza ORLANDO, FL, 32819		Interviewed?	Y		
Home	Work 407-817-1058		Mobile	Fax		
Email			Participation			
Name	Carlos Scheirer		Job Title	Sr Director EHS	Occupation	
Address	1000 Universal Studio, FL		Interviewed?	Y		
Home	Work 407-224-0697		Mobile	Fax		
Email			Participation	Credentials, Opening Conference		
Name	Barbara DeWoody		Job Title	VP EHS	Occupation	
Address	1000 Universal Parks ORLANDO, FL		Interviewed?	Y		
Home	Work 407-363-8941		Mobile	Fax		
Email			Participation	Walk Around, Credentials, Opening Conference		

(b)(7)(C)

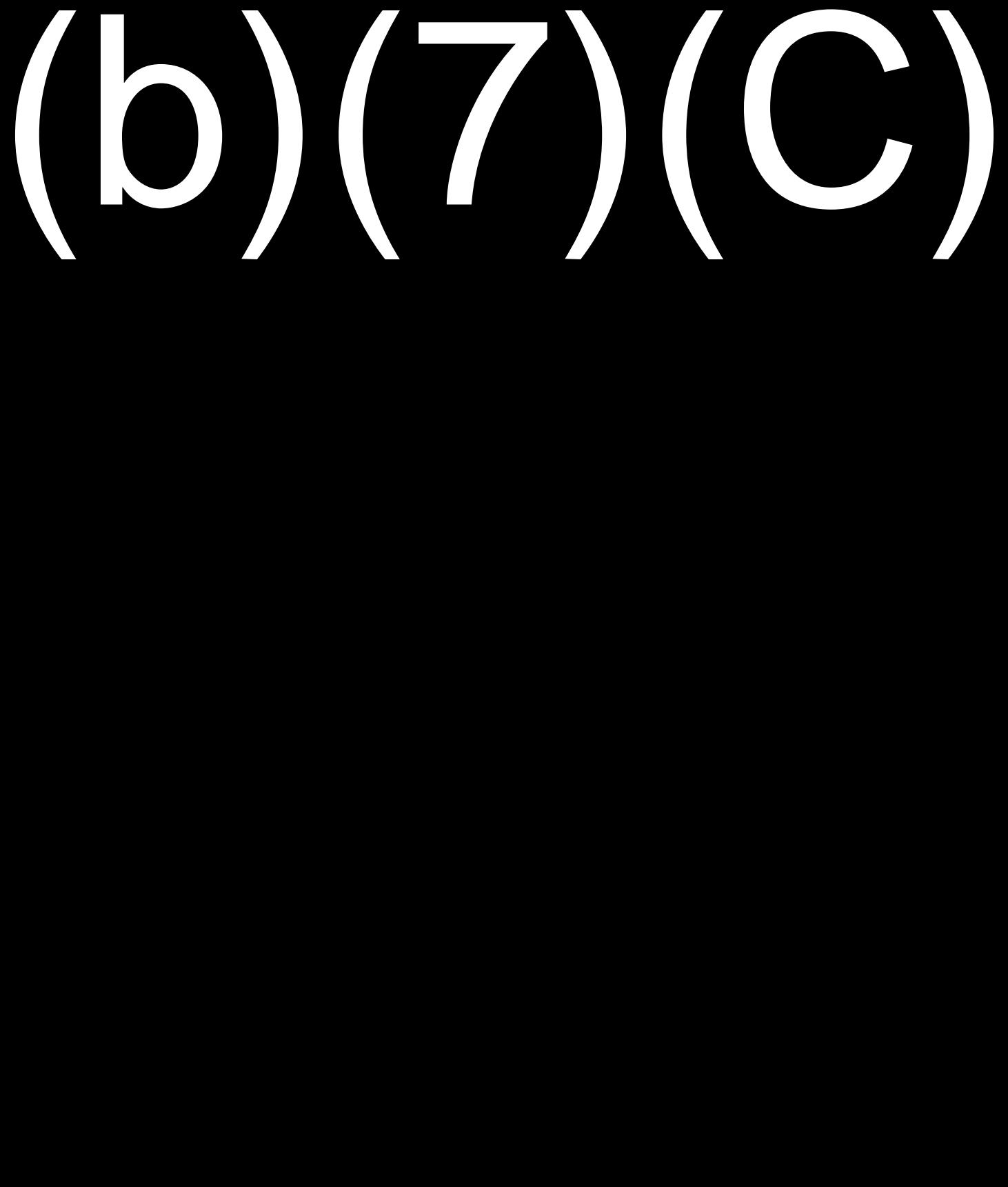
Name	Yvette Cox	Job Title	Assist Director EHS	Occupation	
Address	1000 Universal Orlando		Interviewed?	Y	
Home		Work	407-363-8942	Mobile	Fax
Email				Participation	Walk Around, Credentials, Opening Conference

(b)(7)(C)

Employees Contacted

(b)(7)(C)

(b)(7)(C)



(b)(7)(C)

Penalty Adjustment Factors					
Size Reduction	0%	Good Faith Reduction	0%	History Reduction	0%
Size Justification	System, set it to 0% Number of Employees was changed	Good Faith Justification		History Justification	

CSHO Signature		Date	
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U.S. Department of Labor
Occupational Safety and Health Administration

Notice of Alleged Safety or Health Hazards

		Complaint Number	1461464
Establishment Name	Universal City Development Partners, Ltd.		
Site Address	Volcano Bay Orlando, FL 32819		
	Site Phone		Site FAX
Mailing Address	1000 Universal Studios Plaza Orlando, FL 32819		
Management Official			Telephone
Type of Business			
Primary SIC		Primary NAICS	713110 - Amusement and Theme Parks
HAZARD DESCRIPTION/LOCATION. Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.			
1. Lifeguards have been receiving electric shocks in the vicinity of the pools and rivers, including the decks.			

Source 1			
Has this condition been brought to the attention of:			
Please indicate Your Desire to Reveal Source:			
The Undersigned believes that a violation of an Occupational Safety or Health Standard exists which is a job safety or health hazard at the establishment named on this form		No (Mark "X" in ONE) <input type="checkbox"/> Employee <input type="checkbox"/> Federal Safety and Health Committee <input type="checkbox"/> Representative of Employees <input type="checkbox"/> Other (specify)	
Complainant Name	(b)(7)(C)	Telephone	(b)(7)(C)
Complainant Address			
Complainant E-mail Address		(b)(7)(C)	
Send UPA Results?	Yes	If no UPA results sent, why?	
Signature		Date	

If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:

Organization Name:		Your Title:	
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Source 2			
Has this condition been brought to the attention of:			
Please indicate Your Desire to Reveal Source:			
The Undersigned believes that a violation of an Occupational Safety or Health Standard exists which is a job safety or health hazard at the establishment named on this form		No (Mark "X" in ONE) <input type="checkbox"/> Employee <input type="checkbox"/> Federal Safety and Health Committee <input type="checkbox"/> Representative of Employees <input type="checkbox"/> Other (specify)	
Complainant Name	(b)(7)(C)	Telephone	(b)(7)(C)
Complainant Address		(b)(7)(C)	
Complainant E-mail Address			
Send UPA Results?	Yes	If no UPA results sent, why?	
Signature		Date	

If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:

Organization Name:		Your Title:	
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Source 3			
Has this condition been brought to the attention of:			
Please indicate Your Desire to Reveal Source:			
		Employer No	

The Undersigned believes that a violation of an Occupational Safety or Health Standard exists which is a job safety or health hazard at the establishment named on this form

(Mark "X" in ONE)

Employee Federal Safety and Health Committee
 Representative of Employees Other (specify) _____

Complainant Name

(b)(7)(C)

Complainant Address

Telephone

(b)(7)(C)

Complainant E-mail Address

Send UPA Results?

Yes

If no UPA results sent,
why?

Signature

Date

If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:

Organization Name:

Your Title:

OFFICIAL USE ONLY:

Reporting ID	0420600
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Receipt Information	Received By (b)(7)(C)	Send OSHA-7? Yes No	Date: 06/04/2019 Time: 12:34 PM	CSHO Assigned (b)(7)(C)	Supervisor(s) Assigned (b)(7)(C)
Receipt Type	Online	Electronic Complaint Number		31590592, 31594932, 31602512	

Industry & Ownership	Primary NAICS	713110 - Amusement and Theme Parks	Ownership	Private Sector
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Complaint Evaluation	Evaluated By		Subject	Severity
	Is this a Valid Complaint?		Yes	
	Formality	Formal	Safety Health	Serious
	Migrant Farmworker Camp? (Mark X if applicable)		Discrimination	No

Complaint Actions					
Action Date	Action Type	Date Response Due	Communication Method	Type of Letter/Reason	Other – Status
06/04/2019	Valid = Y				
06/04/2019	Contact with Source	06/11/2019	Email Letter	Awaiting Signature/Send OSHA7	
06/04/2019	Contact with Source	06/11/2019	Phone Discussion	Acknowledgement-Receipt of Complaint	
06/04/2019	Do Inspection = Y			Valid Formal Complaint Submitted	

Complaint Responses				
Date Response Received	Type Response Received	Evaluation	Evaluated By	Other

Transfer to (Name)		Transfer Date	
Transfer to Category			

Strategic Initiatives	
National Emphasis	
Local/State Emphasis	

Additional Codes			
Type	ID	Value	Description

Close Complaint	
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NATURE / SCOPE / HISTORY:

On 6/5/2019 this OSHA inspection of Universal Resorts Orlando was opened and conducted with OSHA Complaint # 1461464 which stated On or about 6/2/2019 employee(s) / Lifeguards have been receiving electric shocks in the vicinity of the pools and rivers, including the decks. 5 Life guards were transported to hospital and released the same day for observation.

OPENING CONFERENCE NOTES:

On 6/5/2019 CSHO conducted the opening conference with employer representatives Mr. Bob Sharpe (Assistant Director of Operations) Mr. Lloyd Lowe (Senior Manager Water Quality) Mr. Carlos Scheirer (Sr. Director EHS) Ms. Barbara M. DeWoody (Vice President EHS) (b)(7)(C) and Mr. Mark Peffer (Vice President Engineering and Safety). CSHO explained the nature and scope of the inspection related to complaint # 1461464

COVERAGE INFORMATION:

Universal Resorts Orlando affects interstate commerce in that they use industrial equipment trucks, tools such as aerial lifts, computers which are transport across state lines.

WALKAROUND & PROCESS INFORMATION:

On 6/5/2019 at the Orlando site CSHO conducted pre walk around interviews with employer representatives including the nature of the complaint # 1461464 which stated that employees at the Orlando site were experiencing electrical shocks in and around the Volcano Bay pools, river and walking surfaces.

CSHO conducted interviews and walk at the site to establish including but not limited to employer / employee relationship ie.. (is the worker a Contract employee, temporary employer, independent contractor or sole proprietor etc..) as well as if the worker's hazard exposure a OSHA regulated hazard, the employer's knowledge of the exposure to the hazard, possible violations and finally established a feasible abatement and time to complete abatement. CSHO walk around findings for all of the above are chronicled below.

Employer:

Universal City Development Partners LLC DBA Universal Resorts Orlando Resorts has (b) (4) employees in Orlando and (b) (4) employees worldwide. At the Orlando site; Employer representative Mark Peffer (Vice President Engineering and Safety) stated that on Sunday 6/2/2019 that he was not on site but began to receive text messages and or emails concerning technicians quarantined the walking surfaces around the Whakawaiwai Eats (restaurant) inside of the resort because guest / visitors of the park complained to a lead Life Guard that something didn't feel right they were feeling a tingling / shock while walking (on wet surface) near the restaurant. Mr. Peffer stated that his technicians had measured small voltages in and around the area 20-30 volts on the equipment, ground / sidewalk in the Whakawaiwai and park perimeter area.

Exposure:

On or about 6/2/2019 a life guard (b)(7)(C) was on duty at the site and reported to lead Life Guard (b)(7)(C) that he experienced shocking / tingling while standing in 2 inch deep water at the pool (**Taniwha Bottoms**) which is a receiving pool area for 4 slides that end into the pool area. And that another Life Guard came from Teawa (**Lazy River**) Area and said that they experienced tingling sensation and the same day. At that point Mr. Peffer stated that he decided to close the park.

Mark Peffer (Vice President Engineering and Safety) stated that on 6/2/2019 they found at their facility the (T6) transformer, which is owned by Orlando Utility Commission, has a 12,470 Volt Delta primary and the Y secondary side is 480V line to line and 270V Line to neutral which travels 400 feet under (park) ground to Volcano Bay mechanical room 3KV breaker. He stated that Universal Resorts ownership begins at the bolts of the secondary side of the transformer. The configuration of the circuit(s) 36 total wires running underground to the Volcano in that 9 conduits each has circuit 36 (750 mcm) wires (4Xs A,B,C Phase and a Neutral (Line to Line 480V Line to N is 270V). Mr. Peffer stated that their trouble shooting efforts revealed that 1 (A phase) wire was isolated, using continuity and resistance testing, and determined to be causing a short circuit to earth ground and energizing the ground beneath and around the pool(s) and Whakawaiwai Eats restaurant. Mr. Peffer stated that no more stray voltages could be measured after the 4Xs A,B,C Phase and a Neutral (Line to Line 480V Line to N is 270V) were disconnected and that they (Universal Resorts) had not determined how or what manner would be used to decommission these circuits.

CSHO interviewed and/or spoke with Life Guards, Technicians such as but not limited to [REDACTED]

(b)(7)(C)

Knowledge:

On 6/4/2019 CSHO interviewed employer representatives Mr. Bob Sharpe (Assistant Director of Operations) Mr. Lloyd Lowe (Senior Manager Water Quality) Mr. Carlos Scheirer (Sr. Director EHS) Ms. Barbara M. DeWoody (Vice President EHS) (b)(7)(C) and Mr. Mark Peffer (Vice President Engineering and Safety). Additionally interviewed employee (b)(7)(C)

On or about **Sunday 6/2/2019 (The 1st day of the exposure)** The initial complaint(s) were communicated to the employer(s) representatives either by visitors walking on wet sidewalk or the Life Guards on duty in and around the Taniwha Tubes (4 Slide) pools and/or the Teawa Lazy river. Employer Ms. Barbara M. DeWoody (Vice President EHS) stated that they reacted to the complaints and out of caution 5 Life Guards were transported to area hospitals for treatment and/or observation (Same Day). CSHO did not observe or receive any information which indicated that employer had prior knowledge of possible hazardous conditions. On **6/7/2019** CSHO conducted follow up (phone) interview with Ms. Barbara M. DeWoody (Vice President EHS). She stated that 3rd party inspections and troubleshooting verifications were being conducted by City of Orlando to verify NEC compliance such as Disconnects and Circuit balance Also **William Gnan Engineering** would be working with internal engineers to verify calculations.

Possible Violation of Standard(s);

(b) (5)

Abatement / Corrective step(s);

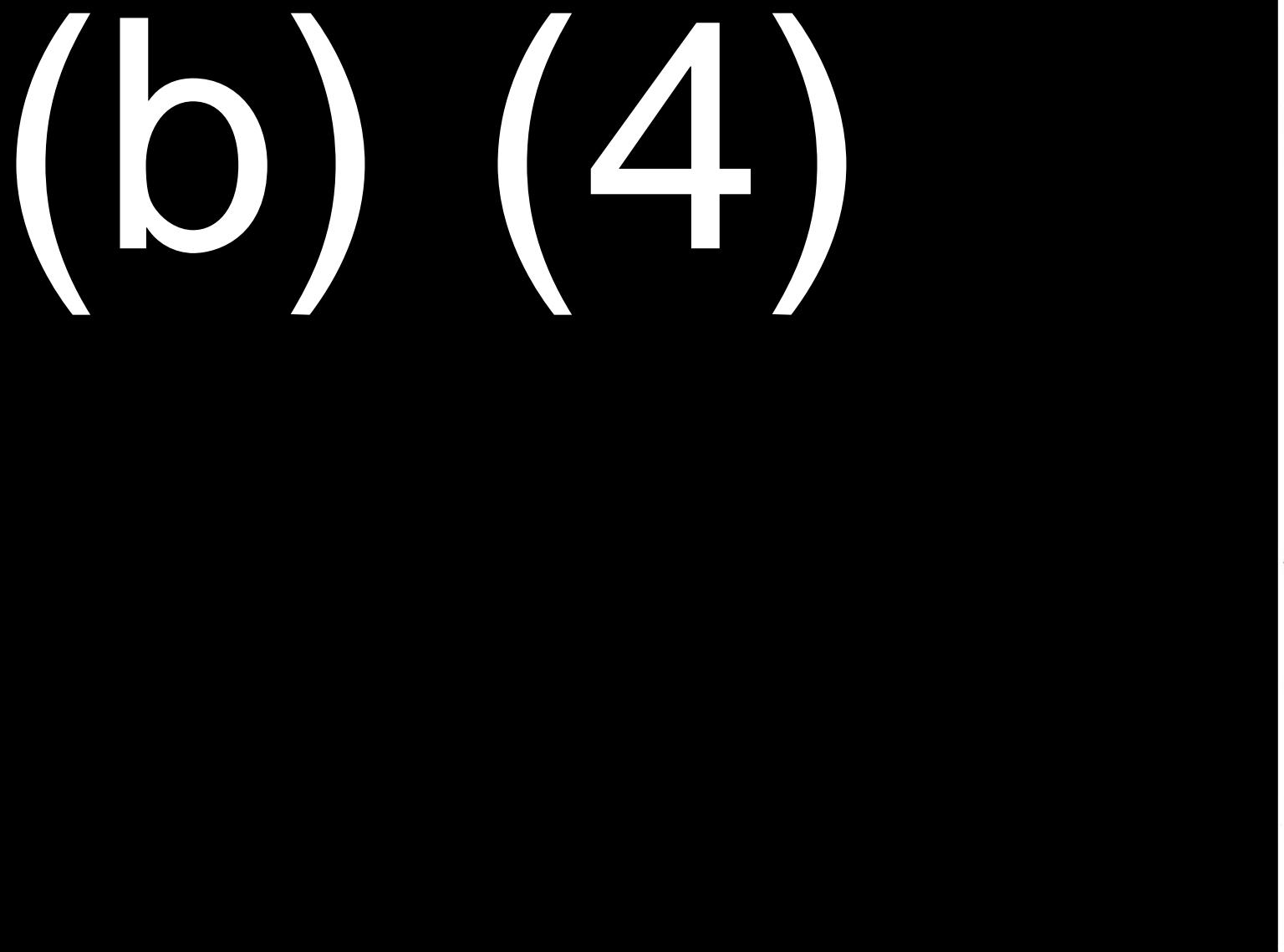
Submitted signed statement from employer attached in casefile

Transformer # 6 (Volcano Bay)..... Excavation, replace, repair and removed equipment. Inspected by city of Orlando and excavation was closed.

Transformer # 9 (Taniwah Tubes) Service Completed



(b) (4)

A large black rectangular redaction box covers the majority of the page content below the header.

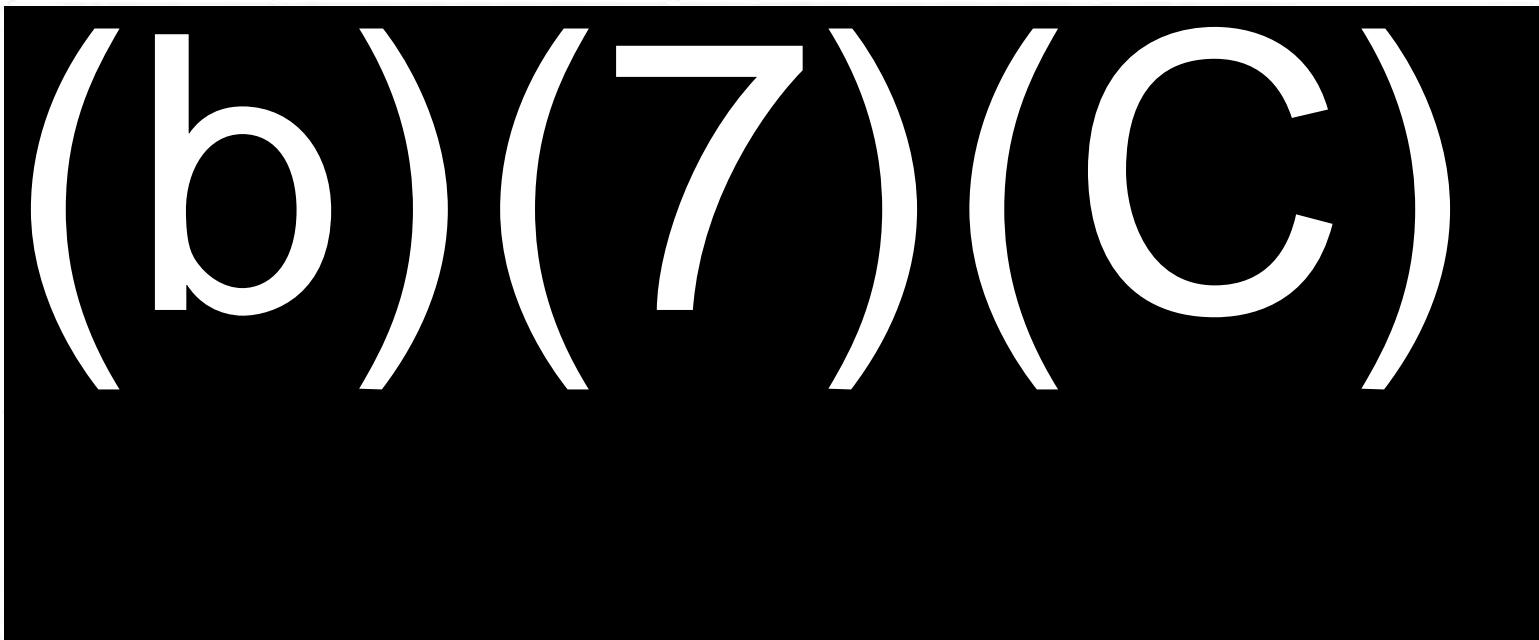
Additional Investigative Findings

6/13/2019 CSHO returned to site for interviews of life guards, electrical techs and engineers. There were no additional reports of electrical shocks after disconnect of the 4 (750 mcm) wires (4Xs A,B,C Phase and a Neutral where Line to Line 480V Line to N is 270V).

6/13/2019 CSHO Interviewed employees after corrective measures taken by employer to remove electrical hazards from *Taniwha Tubes pool(s) which had been closed and on a different transformer (T9) which was been identified by engineer(s)(b)(7)(C)* who stated that and that this Taniwha Tubes pool would remain closed and all underground circuits under and around this pool are Mega tested (480v, 1000V Min 2M Ohm... Tracking anything measuring below **10 MOhm**

7/11/2019 CSHO Interviewed employees after Service Completed at Transformers # 6 and #9

(b)(7)(C)





Inspection
Narrative

Employer's Occupational Safety and Health Program:

General Industry	(yes)	(no)	(N/A)	Comments:
Safety & Health Program in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Monitoring?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Medical Surveillance?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Education and Training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Record Keeping?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Compliance Programs (PPE, Engineering Controls, emergency procedures)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
*Personal Hygiene Facilities Practices?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
*Required by OSHA?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
*Required by OSHA health standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
*Were deficiencies noted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Labeling and Posting?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Hazard Communication Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Exit Route?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Alternate Route in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

CLOSING CONFERENCE NOTES:

Closing conference To Be Conducted

No Violations Observed	<input type="checkbox"/>	Comments:
Gave Copy of FOIA Act	<input checked="" type="checkbox"/>	
Reviewed Hazards & Standards	<input checked="" type="checkbox"/>	
Offered Abatement Assistance	<input checked="" type="checkbox"/>	
Gave Copy of OSHA 3000	<input checked="" type="checkbox"/>	
Discussed OSHA 3000	<input checked="" type="checkbox"/>	
Encouraged Informal Conference	<input checked="" type="checkbox"/>	



Inspection
Narrative

Discussed Consultation Program	<input checked="" type="checkbox"/>	
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Recommended Citations

No citations recommended (Employer had no prior knowledge of hazard)

CSHO Signature	Date
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UNIVERSAL STUDIOS
1000 UNIVERSAL STUDIOS PLAZA ORLANDO FLORIDA 32819 TEL 407 224 8029 FAX 407 363 8390

July 2, 2019

Carlos Scheirer
Senior. Director EHS
UNIVERSAL ORLANDO
1000 Universal Studios Plaza
Orlando, FL 32819-7601

Subject: OSHA Investigation Summary Report

Reference: Complaint # 1461464

To: (b)(7)(C) CSHO Inspector

(b)(7)(C)

In response to your request, below, please find Universal Orlando's investigation summary report.

If you or your office have any further requests or concerns, please feel free to contact me or my office directly.

Respectfully,

A handwritten signature in blue ink that reads "Carlos Scheirer".

Carlos Scheirer
Universal Orlando
Senior. Director Environmental Health and Safety
Office: 407.224.0697
Email: Carlos.Scheirer@UniversalOrlando.com

(b) (4)

(b) (4)

(b) (4)

(b) (4)



UNIVERSAL STUDIOS
1000 UNIVERSAL STUDIOS PLAZA ORLANDO FLORIDA 32819 TEL 407 224 8029 FAX 407 363 8390

July 2, 2019

* Carlos Scheirer

(b)(7)(C)

Carlos Scheirer
Senior. Director EHS
UNIVERSAL ORLANDO
1000 Universal Studios Plaza
Orlando, FL 32819-7601

Subject: OSHA Investigation Summary Report

Reference: Complaint # 1461464

To: (b)(7)(C) CSHO Inspector

(b)(7)(C)

In response to your request, below, please find Universal Orlando's investigation summary report.

If you or your office have any further requests or concerns, please feel free to contact me or my office directly.

Respectfully,

A handwritten signature in blue ink that reads "Carlos Scheirer".

Carlos Scheirer
Universal Orlando
Senior. Director Environmental Health and Safety
Office: 407.224.0697
Email: Carlos.Scheirer@UniversalOrlando.com

(b) (5)

(b) (4)

(b) (4)

(b) (4)

(b)(7)(C)

OSHA

7/14/19 1461464
7/14/19 1461464

1461464

From: Complaint@do.dol.gov
Sent: Thursday, June 13, 2019 7:13 PM
To: OSHA - Complaints - TAMPA (F101)
Subject: 31602512 EMPLOYEE COMPLAINT

(b)(7)(C)

6/14/19 @ 8:15am
Explained issue was being investigated
Added contact info to original WPS

C/S after 3:15.

within 5 working days of 13-JUN-19.

Below is the complaint information

=====

FLORIDA

Tampa Area Office
5807 Breckenridge Parkway, Suite A
Tampa, Florida 33610
(813) 626-1177
(813) 626-7015 FAX

Establishment Name: Universal Studios Orlando
Site Street: 6000 Universal Blvd
Site City: Orlando
Site State: Florida
Site Zip: 32819

Management Official: Taissa Lind
Telephone Number: 4072229367
Type of Business: Waterpark

Hazard Description:

Rec'd by
JUN 14 2019

Currently, at Taniwha Tubes, there have been multiple reports, including myself, of possible electrocution. I believe possibly 15+ people have at least had tingling sensations in their legs.

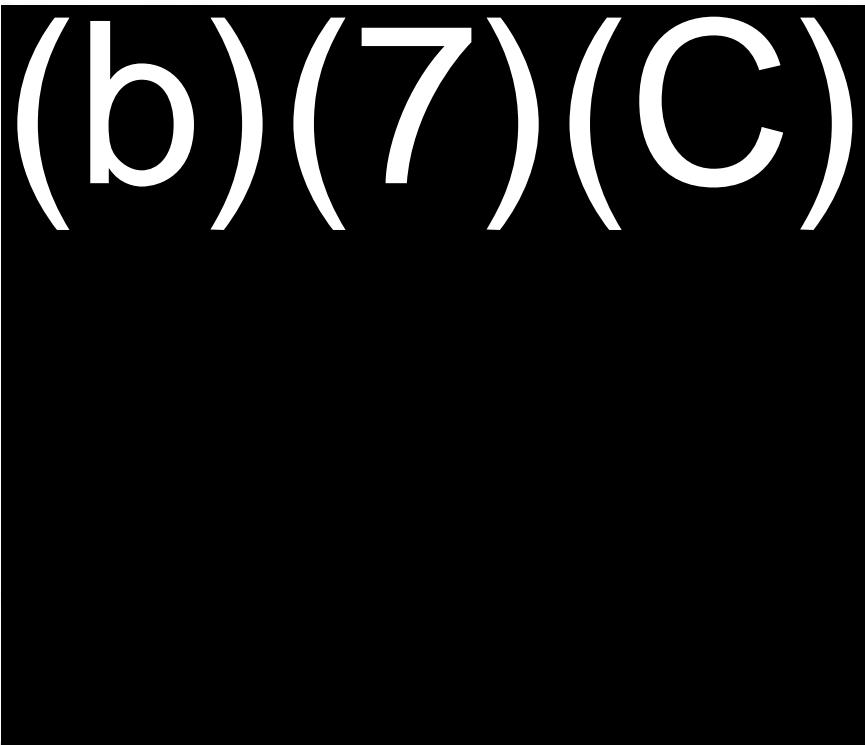
Hazard Location:

Taniwha Tubes

This condition has previously been brought to the attention of:

- * The employer

(b)(7)(C)



(b)(7)(C)

- OSHA

From: OSHA - Complaints - TAMPA (F101)
Sent: Monday, June 10, 2019 9:29 AM
To: (b)(7)(C) - OSHA
Subject: FW: OAH
Attachments: VoiceMessage.wav

Importance: High

From: OSHA - Jacksonville Area Office <Jacksonville.OSHA@DOL.GOV>
Sent: Tuesday, June 4, 2019 3:20 PM
To: OSHA - Tampa Area Office <Tampa.OSHA@DOL.GOV>
Subject: FW: OAH
Importance: High

The establishment, Universal Orlando Volcano Bay is in your area of jurisdiction.

I was unable to contact the complainant because her voice message box is full.

From: DOLNCC <dol-ncc@dolncc.dol.gov>
Sent: Tuesday, June 4, 2019 10:02 AM
To: OSHA - Complaints - JACKSONVILLE (F137) <Complaints.F137@dol.gov>
Subject: OAH

Hello,

The Department of Labor National Contact Center (DOL-NCC) which operates the OSHA toll-free telephone service (1-800-321-OSHA) has received an after business hours inquiry which took place within your jurisdiction.

Attached is the transcript providing detailed information of a call received about an Occupational Safety & Health related concern. The transcript was produced from information left on a voicemail box from the customer calling to report their OSHA concern. The DOL-NCC has produced this transcript for your records and to take action if you deem necessary.

For immediate assistance with problems or for help in sending the transcript to another office or jurisdiction, please contact the DOL-NCC by calling the OSHA toll-free telephone number at 1-800-321-6742 during the hours of 4:30pm to 8:00am.

When contacting the DOL-NCC about a particular transcript, please provide a detailed description about your inquiry so that we may provide you with an informed response. Please refer all other inquiries to your OSHA Regional Coordinator.

Thank you for your time and assistance with regards to this inquiry.

The caller selected option:	Life Threatening		Actual Call Type:	Hazardous Complaint
Transcript # 01702949	Date/Time Received – Mailbox	6/3/2019 8:36 PM	Date/Time Retrieved from Mailbox	6/3/2019 9:07 PM
Establishment Name:	Universal Orlando Volcano Bay			
Establishment Address:	6300 Universal Blvd Satsuma, FL32189			
Establishment Phone #:				
Caller's Contact Information – Potential Privacy Data				
Caller's Name	(b)(7)(C)			
Caller's Phone#:				
Caller Provided Narrative:				
<p>Summary: The caller is reporting that there is an electrical current that has sent 6 employees and several guests to the hospital in the past few days. Management has failed to do anything. People are feeling sick. The employees feel unsafe.</p>				
Workplace or Caller's Zip Code:	32189	OSHA Reporting ID:		
		419700		
Date/Time referred to OSHA:		Immediate referral: No	OSHA Office:	Jacksonville OSHA
Referred to CSHO:			OSHA Phone #:	
Transcriber Name:	(b)(7)(C)	Special Considerations:		
Action: Will forward to local OSHA office.				

Contacted Authorities

Contact Date/Time (EST)	Contact Name/Phone	Contact Comment	Made Contact?
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(b)(7)(C)

- OSHA

UPA 146289

From: Complaint@dol.gov
Sent: Thursday, June 6, 2019 9:50 PM
To: OSHA - Complaints - TAMPA (F101)
Subject: 31594932 EMPLOYEE COMPLAINT

(b)(7)(C)

within 5 working days of 06-JUN-19.

Below is the complaint information

=====

FLORIDA

Tampa Area Office
5807 Breckenridge Parkway, Suite A
Tampa, Florida 33610
(813) 626-1177
(813) 626-7015 FAX

Establishment Name: Universal's Volcano Bay
Site Street: 6300 Universal Blvd.
Site City: Orlando
Site State: Florida
Site Zip: 32819
Type of Business: Theme park

Rec'd
JUN - 7 2019

Hazard Description:

Electrical hazards in and out of the water at the theme park. Several employees have been electrocuted along with guests. Universal says they've fixed it but it occurred again after they claimed to fix it.

1461969

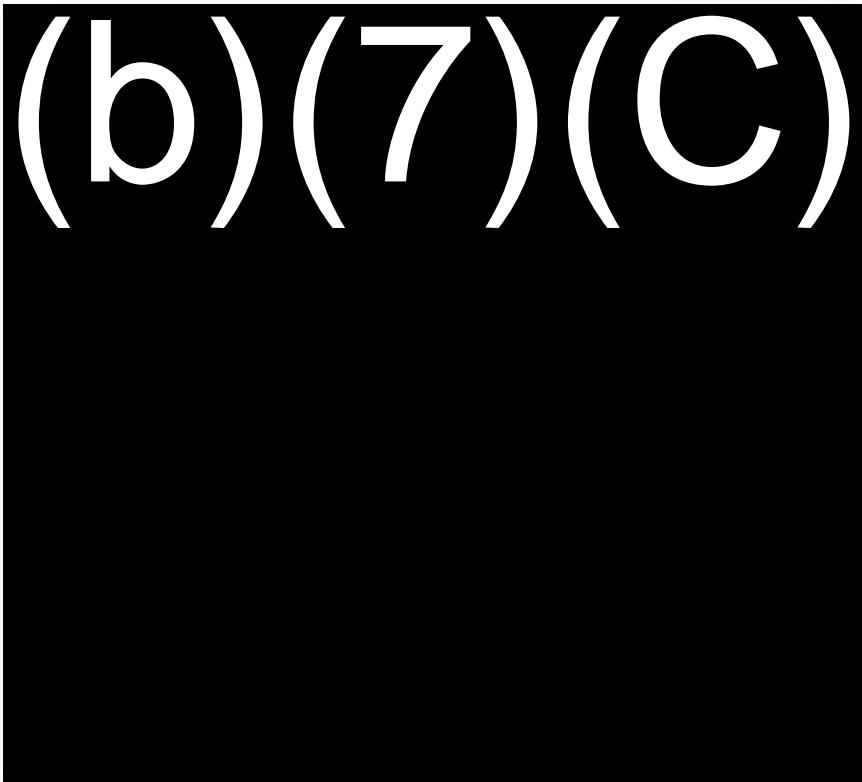
Hazard Location:

In the lazy river, fast river, catch pools of several rides, several walkways, and the rollercoaster.

This condition has previously been brought to the attention of:

* The employer

(b)(7)(C)



U.S. Department of Labor
Occupational Safety and Health Administration

Notice of Alleged Safety or Health Hazards

Complaint Number	1462896
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Establishment Name	Universal Orlando		
Site Address	1000 Universal Studios Plaza		
	Orlando, FL 32819		
Site Phone	Site FAX		
Mailing Address	1000 Universal Studios Plaza Orlando, FL 32819		
Management Official	Telephone		
Type of Business			
Primary SIC	Primary NAICS	713110 - Amusement and Theme Parks	

HAZARD DESCRIPTION/LOCATION. Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.

1. Inspection is already open UPA 1461464.

Source 1

Has this condition been brought to the attention of:

Please indicate Your Desire to Reveal Source:

The Undersigned believes that a violation of an Occupational Safety or Health Standard exists which is a job safety or health hazard at the establishment named on this form

Complainant Name

(b)(7)(C)

Complainant Address

Complainant E-mail Address

No

(Mark "X" in ONE)

Employee Federal Safety and Health Committee
 Representative of Employees Other (specify) _____

Telephone

(b)(7)(C)

(b)(7)(C)

Send UPA Results?

No

*If no UPA results sent,
why?*

Date

Signature

If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:

Organization Name:

Your Title:

OFFICIAL USE ONLY:

Reporting ID 0420600

Receipt Information	Received By (b)(7)(C)	Send OSHA-7? Yes No	Date: 06/06/2019 Time: 05:50 PM	CSHO Assigned (b)(7)(C)	Supervisor(s) Assigned (b)(7)(C)
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Receipt Type Online Electronic Complaint Number 31594932

Industry & Ownership	Primary NAICS	713110 - Amusement and Theme Parks	Ownership	Private Sector
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Complaint Evaluation	Evaluated By		Subject	Severity
	Is this a Valid Complaint?		No	
	Formality		Safety	
			Health	
	Migrant Farmworker Camp? (Mark X if applicable)		Discrimination	No

Complaint Actions					
Action Date	Action Type	Date Response Due	Communication Method	Type of Letter/Reason	Other – Status
06/07/2019	Contact with Source	06/14/2019	Phone Discussion	No Action - Invalid Complaint/Referral	
06/07/2019	Valid = N			Added to UPA 1461464	

Complaint Responses				
Date Response Received	Type Response Received	Evaluation	Evaluated By	Other

Transfer to (Name)	Transfer Date
Transfer to Category	

Strategic Initiatives
National Emphasis
Local/State Emphasis

Additional Codes

Type	ID	Value	Description

Close Complaint

Y

From: Complaint@dol.gov
Sent: Monday, June 3, 2019 8:37 PM
To: OSHA - Complaints - TAMPA (F101)
Subject: 31590592 EMPLOYEE COMPLAINT

(b)(7)(C)

Below is the complaint information

FLORIDA

Tampa Area Office
5807 Breckenridge Parkway, Suite A
Tampa, Florida 33610
(813) 626-1177
(813) 626-7015 FAX

Establishment Name: Volcano bay
Site Street: Universal blvd
Site City: Orlando
Site State: Florida
Site Zip: 32819

Management Official: Channah zappatowsky
Telephone Number: 6192122207
Type of Business: Water park

Hazard Description:

Electrical shock, extreme exposure to sunlight without shade.

Hazard Location:

Rainforest and river village

Rec'd 740
6/4/19

This condition has previously been brought to the attention of:

* The employer

(b)(7)(C)





OSHA English | Spanish

Find it in OSHA



A TO Z INDEX

OSHA ▾ WORKER ▾ EMPLOYER ▾ STANDARDS ▾ ENFORCEMENT ▾ CONSTRUCTION TOPIC ▾ NEWS/RESOURCES ▾ DATA ▾ TRAINING ▾

Inspection Detail

Case Status: CLOSED

Inspection: 1147027.015 - Universal Orlando Resort

Inspection Information - Office: Tampa

Nr: 1147027.015 Report ID: 0420600 Open Date: 05/12/2016

Universal Orlando Resort

1000 Universal Studios Plaza transformer

Attraction Union Status: NonUnion

Orlando, FL 32819

SIC:

NAICS: 713110/Amusement and Theme Parks

Mailing: 1000 Universal Studios Plaza, Orlando, FL 32819

Inspection Type: Referral

Scope: Partial Advanced Notice: N

Ownership: Private

Safety/Health: Safety Close Conference: 05/12/2016

Emphasis: N:Amputate Close Case: 10/11/2016

Related Activity: Type ID Safety Health
Referral 1089931 Yes

History

Case Status: CLOSED

Violation Summary

	Serious	Willful	Repeat	Other	Unclass	Total
Initial Violations	1					1
Current Violations				1		1
Initial Penalty	\$12,471	\$0	\$0	\$0	\$0	\$12,471
Current Penalty	\$0	\$0	\$0	\$12,471	\$0	\$12,471
FTA Amount	\$0	\$0	\$0	\$0	\$0	\$0

*Referral
1089931*

Violation Items

#	ID	Type	Standard	Issuance	Abate	Curr\$	Init\$	Fta\$	Contest	LastEvent
1.	01001	Other	19100219 C03	08/15/2016	10/09/2016	\$12,471	\$12,471	\$0		I - Informal Settlement

Amputation

UNITED STATES
DEPARTMENT OF LABOR

FEDERAL GOVERNMENT

[White House](#)
[Severe Storm and Flood Recovery Assistance](#)
[Disaster Recovery Assistance](#)
[DisasterAssistance.gov](#)
[USA.gov](#)
[No Fear Act Data](#)
[U.S. Office of Special Counsel](#)

OCCUPATIONAL SAFETY AND HEALTH

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[A - Z Index](#)
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ABOUT THE SITE

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[Privacy & Security Statement](#)
[Disclaimers](#)
[Important Website Notices](#)
[Plug-Ins Used by DOL](#)
[Accessibility Statement](#)

(b)(7)(C)

Referral Report

Reporting ID	UPA Number	Receipt Date	Receipt Time	Receipt Type
0420600	1089931	10-MAY-2016	01:25 PM	Phone
Electronic Complaint Number				

Establishment Name	Universal Orlando Resort	Doing Business As (DBA)		
Related Inspections	1147027			
Industry & Ownership	Primary NAICS	713110 - Amusement and Theme Parks	Ownership	Private Sector
Type Of Business				

Site Information

Street Address 1:	1000 Universal Studios Plaza				
Street Address 2:					
County:	ORANGE				
City	ORLANDO	State	FLORIDA	Zip	32819
Management Official:	Laura Spina	E-Mail:			
Phone Number:	(321)-354-7494	Fax Number:			

Business Address

Street Address 1:	1000 Universal Studios Plaza				
Street Address 2:					
County:	ORANGE				
City	ORLANDO	State	FLORIDA	Zip	32819
Country	UNITED STATES OF AMERICA				

Mailing Address

Street Address 1:	1000 Universal Studios Plaza				
Street Address 2:					
County:	ORANGE				
City	ORLANDO	State	FLORIDA	Zip	32819
Country	UNITED STATES OF AMERICA				

HAZARD DESCRIPTION/LOCATION. Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.

An employee's right index finger tip was amputated when it got caught in the drive belt pulley when pointing during a PM inspection at the projector transport unit at Transformers (attraction).

Source 1	
Referred by:	Employer/Employer Representative
Source Name	(b)(7)(C)
Source Address	Telephone (b)(7)(C) UNITED STATES OF AMERICA
Source E-mail Address	(b)(7)(C)
Send Referral Results?	No <i>If no results sent, why?</i> RRI report

Referral Actions					
Action Date	Action Type	Date Response Due	Communication Method	Type of Letter/Reason	Other – Status
05/10/2016	Valid = Y				
05/10/2016	Contact with Employer	05/17/2016	Phone Discussion	Initiate Inquiry by Phone/Email to be followed by Letter	
05/11/2016	Do Inspection = Y			Est/Alleged Hazards under LEP,NEP, or SST	

Opening Conference Worksheet

U. S. Department of Labor
Occupational Safety and Health Administration**OSHA**

1406250

RPL ID	Complaint Nr.	Referral Nr.	Assignment Nr.	CSHO ID	Inspection Nr.
<u>PBA Universal Orlando Resort</u>					

Establishment Name Universal City Development Partners LLC

Site Address	<u>7297 Turkey Lake Rd</u> <u>32819</u>	Site Phone		Site FAX	
Mailing Address	<u>1000 Universal Studios</u> <u>Plaza 32819</u>	Mailing Phone		Mailing FAX	
Controlling Corp.	Employer ID				

Number of Employees	Number Of Covered Employees	Number of Employees Controlled by Employer	SIC Code	NAICS Code	Industry Category
(b) (4)					

Entry	Opening Conference		Walk-Around	
Date	Date	Time	Date	Time
4/5/2019	4/5/19	11:00	4/5/19	12:00

Employer Representatives Contracted	Name: <u>Bob Sharpe</u> Title: <u>Asst Dir Operation</u> Function: Walk-Around
Function Codes: IC=Indemnity Presented O=Opening Conference C=Closing Conference M=Other Mgmt. Official	Name: <u>Beverly DeWoody</u> Title: <u>VP EHS</u> Function: Walk-Around
	Name: <u>Carlos Schaefer</u> Title: <u>Sr Dir</u> Function: Walk-Around

Employee Representation OSH Act 8(e) Employee Participation	Union Name: <u>None</u> Representative Name: _____ Local No.: _____ Address: _____
--	--

Inform Employer of:	<input type="checkbox"/> Walkthrough (focus on completion, plain site, issues identified by employees, possible referrals to CSHOs) <input type="checkbox"/> Expansion may occur based on info from records, program review, & walk-around inspection - 8(e)(2) <input type="checkbox"/> Trade Secret/Proprietary Information disclosure, Pictures & Video - Section 18	<input type="checkbox"/> Pictures and videotaping (recording sound) <input type="checkbox"/> Confidential/Private employee interviews - 8(e)(2) <input type="checkbox"/> Employee Rights - 11(c) <input type="checkbox"/> Outside contractors on site <input type="checkbox"/> Safety and Health Program Evaluation <input type="checkbox"/> Closing conference (describe any apparent violations found and other pertinent issues)
---------------------	---	--

Record Keeping & Related Information:	Req. Date/Time Rec. <input type="checkbox"/> OSHA 300 Log for 2008, 2009, 2010, 2011, 2012 <input type="checkbox"/> OSHA 300A Form for 2008, 2009, 2010, 2011	16, 17, 18
Health & Safety Programs & Training Records	Req. Rec. <input type="checkbox"/> Hazard Communication <input type="checkbox"/> Respiratory Protection <input type="checkbox"/> Confined Spaces <input type="checkbox"/> PSM <input type="checkbox"/> Orientation / Annual <input type="checkbox"/> Health Training Program <input type="checkbox"/> Communication to Employees <input type="checkbox"/> Enforcement <input type="checkbox"/> Safety Training Program <input type="checkbox"/> Hard Hat <input type="checkbox"/> Steel Toe Boots/Shoes <input type="checkbox"/> Respirators <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Safety Goggles <input type="checkbox"/> Other <input type="checkbox"/> PPE <input type="checkbox"/> Air Sampling Results <input type="checkbox"/> Lead Program <input type="checkbox"/> PPE Hazard Assessments <input type="checkbox"/> Training Recs.	

Safety and Health Program Evaluation	<input type="checkbox"/> Worksite Safety and Health Program <input type="checkbox"/> Communication to Employees <input type="checkbox"/> Enforcement <input type="checkbox"/> Safety Training Program <input type="checkbox"/> Hard Hat <input type="checkbox"/> Steel Toe Boots/Shoes <input type="checkbox"/> Respirators <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Safety Goggles <input type="checkbox"/> PPE <input type="checkbox"/> Air Sampling Results <input type="checkbox"/> Lead Program <input type="checkbox"/> PPE Hazard Assessments <input type="checkbox"/> Training Recs.	<input type="checkbox"/> Health Training Program <input type="checkbox"/> Accident Investigation Performed <input type="checkbox"/> Preventative Action Taken
--------------------------------------	--	---

PPE Required	<input type="checkbox"/> Hard Hat <input type="checkbox"/> Steel Toe Boots/Shoes <input type="checkbox"/> Respirators <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Safety Goggles <input type="checkbox"/> PPE <input type="checkbox"/> Air Sampling Results <input type="checkbox"/> Lead Program <input type="checkbox"/> PPE Hazard Assessments <input type="checkbox"/> Training Recs.	<input type="checkbox"/> Yvesk Suite <input type="checkbox"/> Other
--------------	--	---

Open Conf Call TAD So Scan of Complaint

1000 Universal Studio Plaza

Orlando 32819

101 Not Complete (Informal Copy is Available)

NATURE / SCOPE / HISTORY:

Complaint # 10161464 / Partial Electrical Hazard / Previous inspection

OPENING CONFERENCE NOTES:

Opened Conference

1
2
3
4
5
6 Loyd

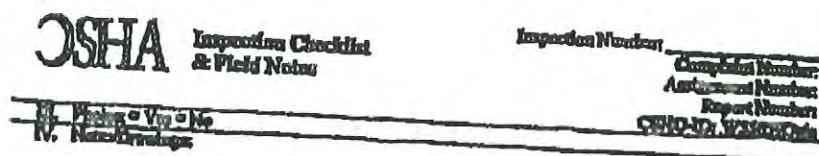
COVERAGE (Interstate Commerce) INFORMATION:

Trucks, Material ships across
Own by NBC Corporate Office Ny Ny

WALKAROUND & PROCESS INFORMATION:

9

6/5/2019



On Sunday 6/2/2019 Team Members were shocked → slight tingling experienced by Life Guard **(b)(7)(C)** at the pool tube back to Conveyor while standing in the water (2 in deep), reported to Life Guard lead **(b)(7)(C)** that something didn't feel right. Something was from Taniwha Tubes (4 slides) initial was from Taniwha Tubes (4 slides) into Pool. Another Life Guard came from Teawa (Lazy River) Area and said they experienced tingling on the same day & Fury Station Area closed off near Teawa Closed on Sunday Prior to tingling because

5/6/2019

OSHA

Inspection Checklist
or Field Notes

Inspection Number _____

Completed Person _____
Assignment Number _____
Report Number _____
CAGE ID: EXXXXXXX

of low voltage, on equipment
the ground / Sidewalk in
~~Walls~~ Whaka Wai Wai (Park /
Perimeter Out door Area). RHTs
Ground Voltage Measured at 20-30 volts
AC/DC ??? Found cable 480V/277
Ground (Running from Xform T6 to
Volcons) that Night Trouble shooting
turn off T6 Ground Voltage Went
away. Isolated fault to cable
L₁ L₂ L₃ L₄ Neutral
q q q q

(A phase 1 of the 4 cables had an issue.

5/6/2019

OSHA

Inspection Checklist
& Field Notes

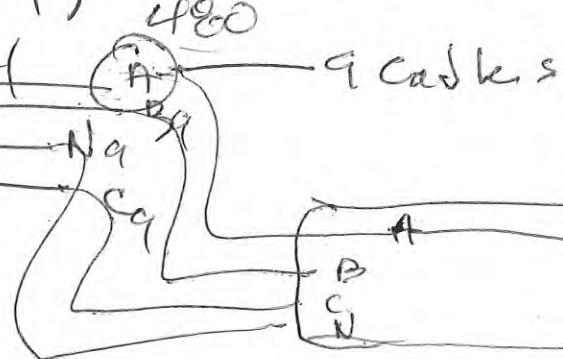
Inspection Number:

Complaint Number:
Assignment Number:
Report Number:
CPL ID: WASH0000

I. Safety & Health
 II. Training & Tools
 III. Personal Protective Equipment
 IV. Recordkeeping

(A, B, C, N.) A ..

Volt Megger to Isolate



1 cable on Aground
Measured

① contained - 0 ohms
cable to ground $\rightarrow \infty$

cable to ground \approx low

Breaker to Y side
of former

Corrective Measure Taken

OSHA

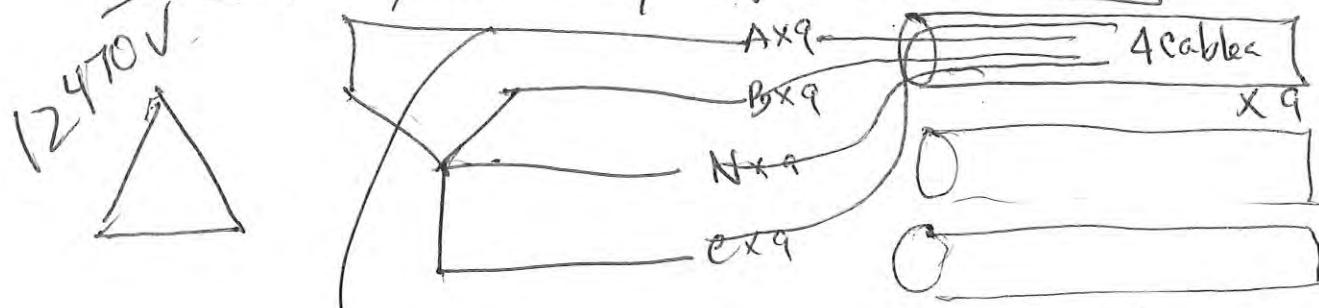
Inspection Checklist
in Field Notes

Inspection Number

Compiled Number
Assignment Number
Report Number
Case ID: VV95201

* 3 Cables identified (A phase cable which was bad) 36 total (32 still in use)
Each Condent Has 4 cables
① A, B, C, N phase 750 mcm size of cable

↳ Amps / Volts / Spread



↳ 1 Cable Replaced

75°C 475Aⁿ 9 Times

480 Line to Line

270 Line to Neutral

* Determined faulty cable group of 4 cables 750MCM Each (A cable identified) 4 cables take off line (disconnect & from secondary breaker).

Closing Conference Worksheet

U. S. Department of Labor
Occupational Safety and Health Administration

OSHA

Company	Inspection Location	Inspection Number
3 park/pools /fountains are still down because want employees are to make sure Guest and		
Kaniwha Tubs, Te Awa, Rymaluka Reef still down. TransGowen are located Next to Whakawaiwai Eats (Guest Mentor to Life Guard) Later Life Guard felt something.		
Off		
3 K Amp & Power being monitor at LCI Breaker 3K Amps (load < 500 Amps) / 9 = 60 Amp / 270 Volts		

Water Tank, Significant Recall.

Date _____

Page
of _____

(b)(7)(C) → got into water *

(b) (4)

(b) (4)

(b) (4)

6/7/2019

City & be to inspect tonight.

(b) (7)(D)

(b) (4)

(b) (4)

U.S. Department of Labor

Occupational Safety and Health Administration
Tampa Area Office
5807 Breckenridge Parkway, Suite Suite A
Tampa, FL 33610



Date:

6/5/2019

To:

Barbara DeWooch

Ref:

Document Info Request

Subject: Information and/or Documents Request No. 1

Please provide the following requested information and/or documents by 6/10/2019

- (1) Engineering Schematic drawing T6 - Breaker
- (2) Contact Info for (b)(7)(C) [REDACTED] Phone Number
- (3) Contact Info for (b)(7)(C) [REDACTED] that assist in disconnect
- (4) Contact Phone for (b)(7)(C) [REDACTED]
- (5)(b)(7)(C) Phone (contact) Info

If you have any question regarding this request, do not hesitate to contact me.

A photocopy of the document is requested.

Send copy via e-mail: (b)(7)(C)@dol.gov

A copy for review is requested.

If you have any questions regarding any of the matters discussed in this letter, please contact me at your earliest convenience.

Sincerely,

For: Maveline Perez (e-signature)

Leslie L. Grove III
Area Director

Closing Conference Worksheet

U. S. Department of Labor
Occupational Safety and Health Administration



Company	Inspection Location	Inspection Number	
Date:	Time:	CSHO	
Employer Representatives Contracted Function Codes: C=Closing Conference M=Other Mgmt. Official	Name	Title	Function
	Name	Title	Function
	Name	Title	Function
	Name	Title	Function
Checklist			
<ul style="list-style-type: none"> <input type="checkbox"/> For each apparent violation: <ul style="list-style-type: none"> - Nature of the violation - Abatement measures - Possible abatement dates <input type="checkbox"/> Citations are sent via certified mail and included OSHA Pamphlet 3000, Give Employer Rights and Responsibilities Following an OSHA Inspection. <input type="checkbox"/> Citations must be posted at or near the place where each violation occurred. <input type="checkbox"/> The citation must be posted until the violation is corrected or for a minimum of 3 working days. <input type="checkbox"/> Abatement plans must also be posted near where the violation occurred. <input type="checkbox"/> There are three course of action you can take if you receive citations: <ol style="list-style-type: none"> 1. If you agree to the citation and penalty, you must correct the violation according to the abatement date and pay any penalties 2. You may schedule an informal conference within 15 days of receipt of the citations with the area director to discuss the following: <ol style="list-style-type: none"> a. Better explanation of the violations b. Better explanation of the standard that applies c. Discuss abatement methods d. Discuss abatement dates 3. If you do not agree with the citation, penalty, or abatement date, you have 15 days to file a letter of contest with the area office. 			
Information Given	Regulatory Publications & Forms <ul style="list-style-type: none"> <input type="checkbox"/> 29 CFR Parts 1900 to 1910.999 <input type="checkbox"/> 29 CFR Parts 1910.1000 to End <input type="checkbox"/> 29 CFR Part 1926 <input type="checkbox"/> OSHA 300 Injury & Illness Form 	General Industry Publications <ul style="list-style-type: none"> <input type="checkbox"/> Control of Hazardous Energy (3120) <input type="checkbox"/> Permit-Required Confined Spaces (313B) <input type="checkbox"/> Personal Protective Equipment (3151) <input type="checkbox"/> Hearing Conservation (3074) <input type="checkbox"/> Respiratory Protection (3079) <input type="checkbox"/> Sling Safety (3072) <input type="checkbox"/> Safeguarding Equipment & Protecting Workers from Amputations (3170) 	Construction Publications <ul style="list-style-type: none"> <input type="checkbox"/> Construction Industry Digest (2202) <input type="checkbox"/> Scaffold Use in the Construction Industry (3150) <input type="checkbox"/> Excavations (2226) <input type="checkbox"/> Lead in Construction (3142)
Citation Items Covered	<input type="checkbox"/> Items covered located on back side.		

**CLOSING CONFERENCE NOTES:**

No Violations Observed	<input type="checkbox"/>	Comments:
Gave Copy of FOIA Act	<input type="checkbox"/>	
Reviewed Hazards & Standards	<input type="checkbox"/>	
Offered Abatement Assistance	<input type="checkbox"/>	
Gave Copy of OSHA 3000	<input type="checkbox"/>	
Discussed OSHA 3000	<input type="checkbox"/>	
Encouraged Informal Conference	<input type="checkbox"/>	
Discussed Consultation Program	<input type="checkbox"/>	

Possible Citations

CSHO Signature

Date

United States of America
Department of Labor
Occupational Safety and Health Administration

(***THIS STATEMENT DOES NOT APPLY TO MANAGEMENT.***) I understand that this statement will be held in confidence until such time as I may be called to testify in a court proceeding, at which time it may be produced upon demand of opposing counsel. Additionally, this statement may be made available to other agencies if it will assist them in the performance of their statutory functions. This statement may be subject to disclosure only in accordance with applicable statute(s) and agency policy. N/A Initial (**THIS STATEMENT DOES NOT APPLY TO MANAGEMENT.***)

11(c)(1) of OSH Act: No person shall discharge or in any manner discriminate against any employee because such employee has filed any complaint or instituted or caused to be instituted any proceeding under or related to this Act or has testified or is about to testify in any such proceeding or because of the exercise by such employee on behalf of himself or others of any right afforded by this Act. Initial (Applies to all)

Name: Mark Peffer Address: 1000 Universal Studios Plaza #600
City: Orlando State: FL Zip: 32819 Phone/Email: (407)224-4637
I am/was (circle one) employed by: Universal Orlando Resorts From: 2006 to: Present
Position: VPSafety Engr Time in Position: 3 yrs Supervisor: David Winston

I hereby swear or affirm and say:

1. On Sunday 6/2/2019 We were notified by
2. a guest/visitor of our Orlando Resort
3. Park at Volcano Bay That they felt a
4. tingling while Walking near Whaka-
5. Wauau Falls and they were not quite
6. Sure what it was. Subsequently I began
7. to receive emails /Text messages that
8. techs had quarantined the area to
9. keep guest out of the area and to
10. search /start to trouble shoot for a
11. possible source of Stray Voltage as
12. a result of digging or Maybe planting.

1. I arrived on site in the latter part
2. of the afternoon to find that there
3. were reports of Simuler Conditions
4. detected in the pool and river
5. area. It caused me enough Con-
6. cern to declare that we were closing
7. the entire park. On this same day
8. we were able to determine that
9. a circuit from the Orlando Utility
10. Commission (OUC) to our Volcano
11. Equipment Room (Bldg 330) was
12. shorting to earth ground and causing
13. visitors and employees in the pool
14. area to feel electrical tinglings.
15. The Circuit and all others in the
16. Conduit have been taken off line
17. at the breaker and the Secondary
18. side of the transformer. Both ends
19. of this circuit is secured and only
20. accessible by authorized and trained
21. Staff. The over Breaker Panel is Controlled
22. access and being Monitored at the
23. LCD breaker panel for any variation
24. from circuit / current flow or
25. changes. No employees or guest are
26. back in the pools (Taniwha Tube,
27. Teava and Ruramukka Reef). We are
28. Considering what Options and or steps
29. to take such as 3 party Consultation
30. before opening the 3 pools to
31. employees and or guest. We tested
32. for Stray Voltages after disconnecting

1. the identified (short to earth) circuit
2. and there is no longer any
3. Surface or Pool Voltage detected
4. That we are aware of.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.

Choose one of the first two (2) statements:

Initial I have read and understand the foregoing statement of 3 pages. I have been given the opportunity to make corrections. Each page is numbered. I have initialed each correction and initialed or signed each page.

OR

Initial The foregoing statement of _____ pages has been read to me. I have been given the opportunity to make corrections. Any corrections have been read back to me. Each page is numbered. I have initialed each correction and initialed or signed each page.

AND

Initial (Applies to all) I declare under penalty of perjury under the laws of the United States of America that this statement is true and correct to the best of my knowledge. I understand it is a felony under 18 U.S.C. § 1001 to knowingly and willfully make a false statement or omit material facts in relation to a federal investigation.

Review this statement with each witness: I request that my statement be kept confidential to the extent allowed by law - OR - initial here _____ to waive confidentiality.

Refuse to Sign 6/5/2019
Signature of Interviewee

Date

(b)(7)(C)

Investigator Signature

6/5/2019
Date



Initials: _____ Page 3 of 3

United States of America
Department of Labor
Occupational Safety and Health Administration

(*THIS STATEMENT DOES NOT APPLY TO MANAGEMENT.) I understand that this statement will be held in confidence until such time as I may be called to testify in a court proceeding, at which time it may be produced upon demand of opposing counsel. Additionally, this statement may be made available to other agencies if it will assist them in the performance of their statutory functions. This statement ^{(b) (7)(D)} may be subject to disclosure only in accordance with applicable statute(s) and agency policy. [REDACTED] Initial (*THIS STATEMENT DOES NOT APPLY TO MANAGEMENT.)

11(c)(1) of OSH Act: No person shall discharge or in any manner discriminate against any employee because such employee has filed any complaint or instituted or caused to be instituted any proceeding under or related to this Act or has testified or is about to testify in any such proceeding or because of the exercise by such employee on behalf of himself or others of any right afforded by this Act. ^{NHR} Initial (Applies to all)

(b) (7)(D)

(b) (7)(D)

(b) (7)(D)

United States of America
Department of Labor
Occupational Safety and Health Administration



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(b) (7)(D)

(b) (7)(D)

(b) (7)(D)

United States of America
Department of Labor
Occupational Safety and Health Administration



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(b) (7)(D)

(b) (7)(D)

(b) (7)(D)

United States of America

Department of Labor
Occupational Safety and Health Administration



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(b) (7)(D)

(b) (7)(D)

(b) (7)(D)

United States of America

Department of Labor
Occupational Safety and Health Administration



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(b) (7)(D)

(b) (7)(D)

(b) (7)(D)

United States of America

Department of Labor
Occupational Safety and Health Administration



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(b) (7)(D)

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(b) (7)(D)

(b) (7)(D)

(b) (7)(D)

U.S. Department of Labor

Occupational Safety and Health Administration
Tampa Area Office
5807 Breckenridge Parkway, Suite Suite A
Tampa, FL 33610



Date: June 7, 2019

To: Barbara DeWoody, VP of EHS
Universal City Development Partners, LLC. dba Universal Orlando Resorts

Ref: OSHA Inspection No. 1406250

Subject: Information and/or Documents Request No. 2

Please provide the following requested information and/or documents by June 14, 2019

1. Names and contact information, including phone numbers of all lifeguards who work are Splash Down Pools and Lacy River areas.
2. Names and contact information of the third party engineers who repaired the pool transformer inside RunnaMuka on or about June 5, 2019.
3. Signed copy of the latest.
4. Copy of the final electrical inspection of the RunnaMuka done by Orange County Building Inspector.
5. Electrical diagram (preferably simplified) for the RunnaMuka electrical lightning and pump circuitry.
6. OSHA 300, 301 for year 2019.

If you have any question regarding this request, do not hesitate to contact me.

() A photocopy of the document is requested.

(X) Send copy via e-mail: (b)(7)(C) @dol.gov

() A copy for review is requested.

If you have any questions regarding any of the matters discussed in this letter, please contact me at your earliest convenience.

Sincerely,

For: Maveline Perez (e-signature)

Leslie L. Grove III
Area Director

U.S. Department of Labor

Occupational Safety and Health Administration
Tampa Area Office
5807 Breckenridge Parkway, Suite A
Tampa, FL 33610



Date:

6/5/2019



To:

Barbara DeWooch

Ref:

Document / Info Request

Subject: Information and/or Documents Request No. 1

Please provide the following requested information and/or documents by 6/10/2019

- (1) Engineering Schematic drawing T6 - Breaker
- (2) Contact Info for (b)(7)(C) [REDACTED] (Phone Number)
- (3) Contact Info for (b)(7)(C) [REDACTED] That assist in disconnect
- (4) Contact Phone for (b)(7)(C) [REDACTED]
- (5) (b)(7)(C) Phone (contact) Info [REDACTED]

If you have any question regarding this request, do not hesitate to contact me.

A photocopy of the document is requested.

Send copy via e-mail: (b)(7)(C)@dol.gov

A copy for review is requested.

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For: Maveline Perez (e-signature)

Leslie L. Grove III
Area Director



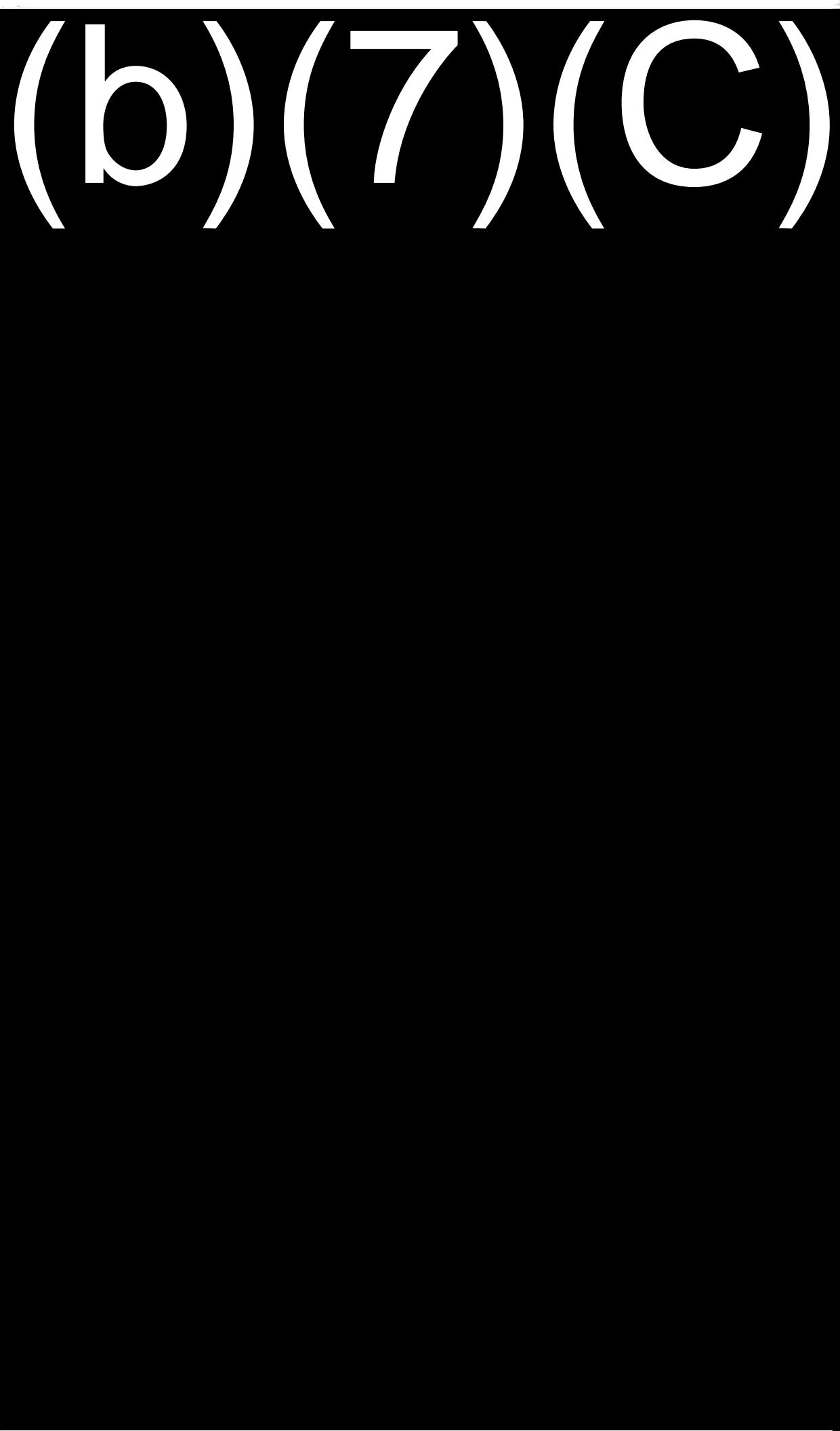
Name	ID#	Job Description	Dept/Location Description
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(b)(7)(C)

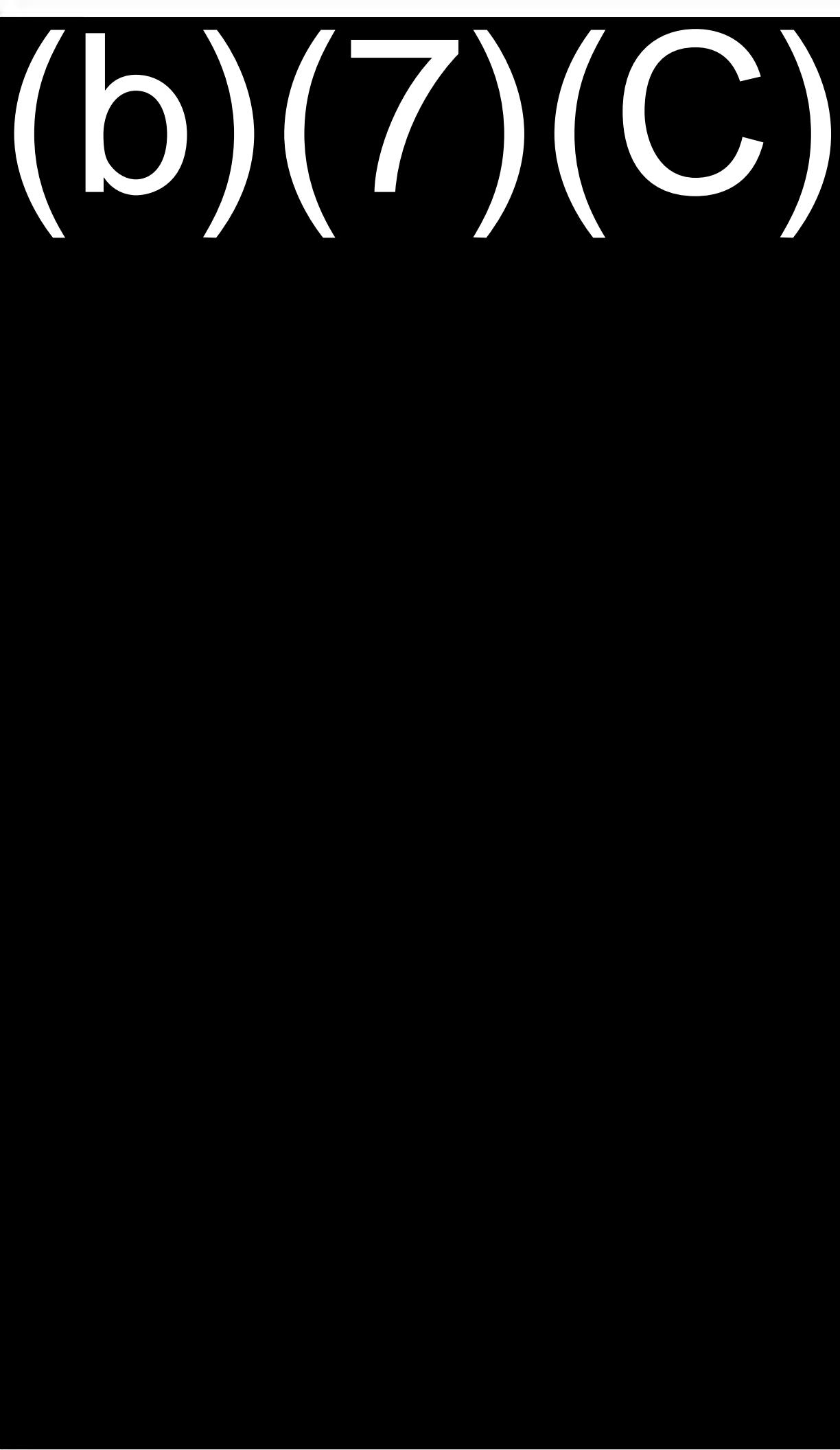
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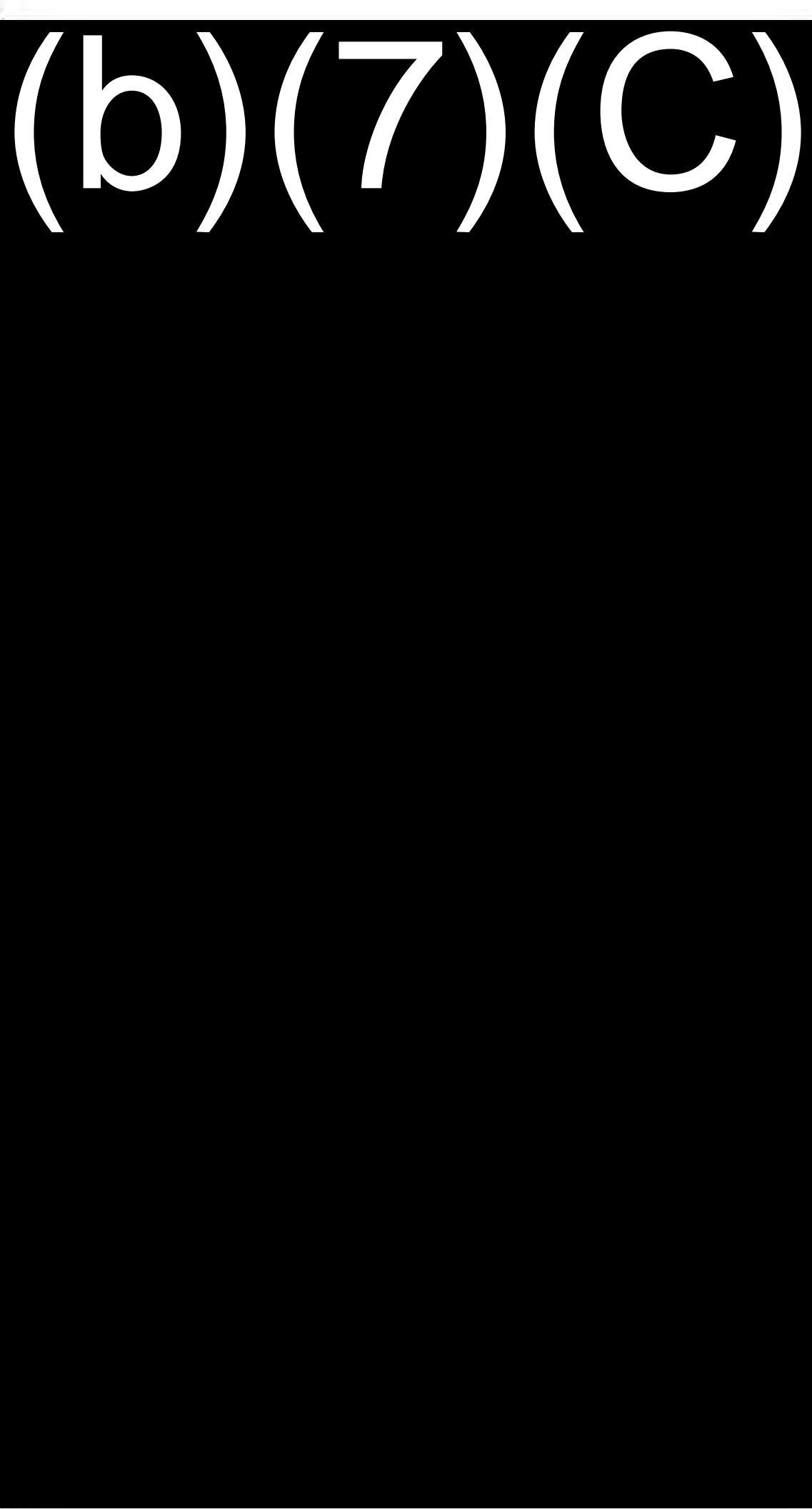
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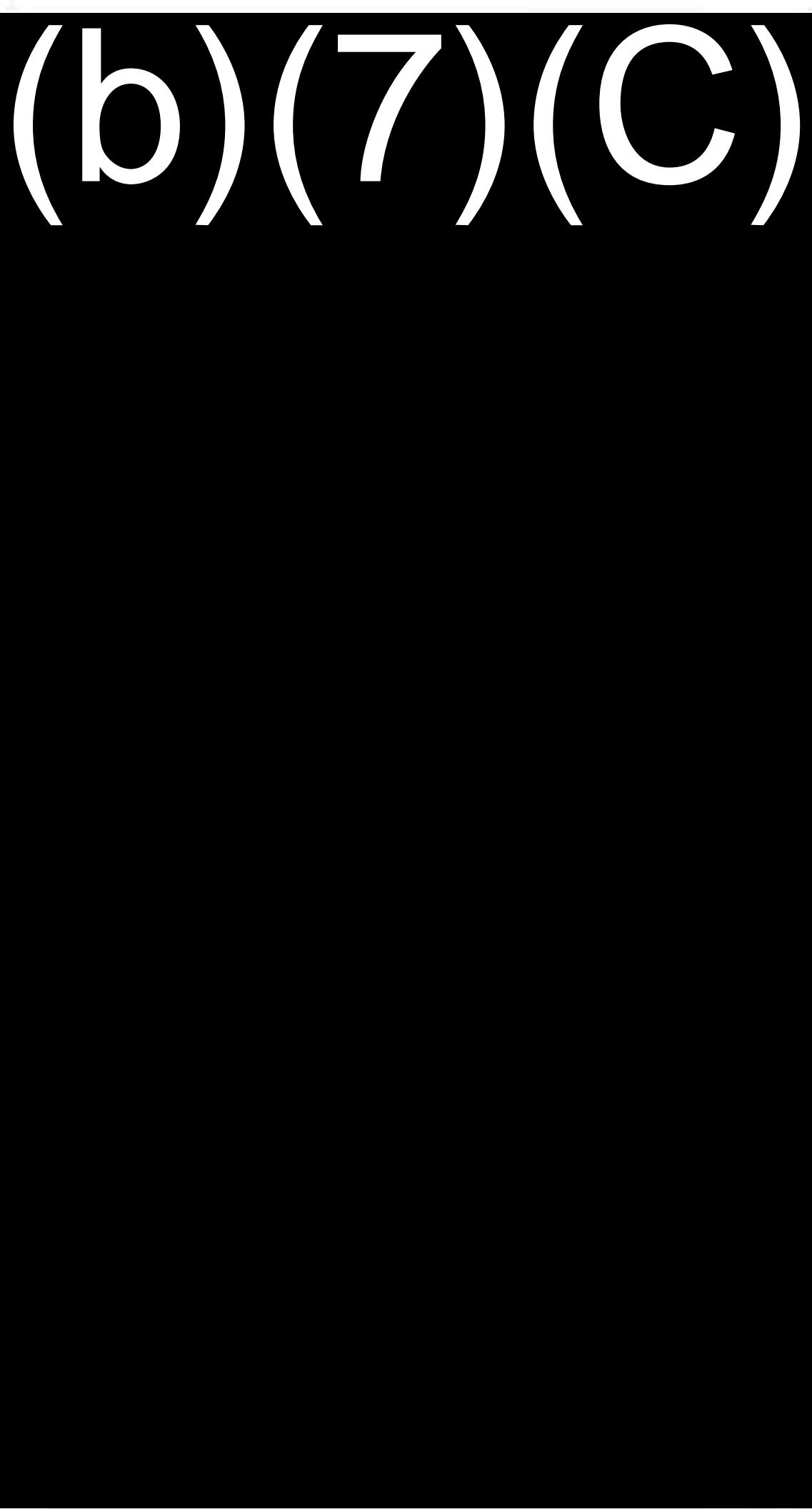
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Inspection Detail

Case Status: CLOSED

Inspection: 1046906.015 - Universal Orlando Resort

Inspection Information - Office: Tampa

Nr: 1046906.015 Report ID: 0420600 Open Date: 03/17/2015

Universal Orlando Resort

Building #B-79 Union Status: NonUnion
Orlando, FL 32819

SIC:

NAICS: 713110/Amusement and Theme Parks
Mailing: 1000 Universal Studios Plaza, Orlando, FL 32819

Inspection Type: Referral

Scope: Partial Advanced Notice: N

Ownership: Private

Safety/Health: Safety Close Conference: 03/17/2015

Emphasis: N:Amputate Close Case: 05/05/2015

Related Activity: Type ID Safety Health
Referral 969187 Yes

Case Status: CLOSED

History

UNITED STATES
DEPARTMENT OF LABOR

Occupational Safety and Health Administration
200 Constitution Ave NW
Washington, DC 20210
800-321-6742 (OSHA)
TTY
www.OSHA.gov

FEDERAL GOVERNMENT

White House
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Disaster Recovery Assistance
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Inspection Detail

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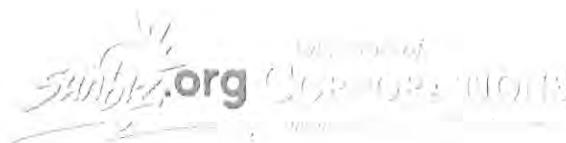
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Detail by Officer/Registered Agent Name

Florida Profit Corporation
GNAN ENGINEERING SERVICES, INC.

Filing Information

Document Number P02000043799
FEI/EIN Number 04-3652372
Date Filed 04/16/2002
State FL
Status ACTIVE

Principal Address

3521 WILD EAGLE RUN
OVIEDO, FL 32766

Mailing Address

3521 WILD EAGLE RUN
OVIEDO, FL 32766

Registered Agent Name & Address

GNAN, JOHN W
3521 WILD EAGLE RUN
OVIEDO, FL 32766

Officer/Director Detail

Name & Address

Title C/T

GNAN, JOHN WPE
3521 WILD EAGLE RUN
OVIEDO, FL 32766

Title P/S

GNAN, ROBERTA P
3521 WILD EAGLE RUN
OVIEDO, FL 32766

Annual Reports

Report Year	Filed Date
2017	01/09/2017
2018	02/06/2018
2019	04/29/2019

Document Images

04/29/2019 – ANNUAL REPORT	View image in PDF format
02/06/2018 – ANNUAL REPORT	View image in PDF format
01/09/2017 – ANNUAL REPORT	View image in PDF format
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01/09/2012 – ANNUAL REPORT	View image in PDF format
01/12/2011 – ANNUAL REPORT	View image in PDF format
02/23/2010 – ANNUAL REPORT	View image in PDF format
01/17/2009 – ANNUAL REPORT	View image in PDF format
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01/09/2007 – ANNUAL REPORT	View image in PDF format
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03/08/2004 – ANNUAL REPORT	View image in PDF format
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Florida Department of State, Division of Corporations